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SOUTH CAROLINA

AMERICAN STOP SMOKING INTERVENTION STUDY

FOR CANCER PREVENTION (ASSIST)

RFP NUMBER: NCI-CN-95165-38

BUSINESS PROPOSAL

ORIGINAL

SUBMITTED BY

S.C. DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

CENTER FOR HEALTH PROMOTION

2600 BULL STREET

COLUMBIA, SC 29201

TELEPHONE: 803/737-4120

J E Padgett MD

James E. Padgett, Jr., M.D.
Deputy Commissioner
Health Services

SEPTEMBER 21, 1990

This proposal is predicated upon all of the terms and conditions included in the Request for Proposals.

2023678828

Source: https://www.industrydocuments.ucsf.edu/docs/knjl0000

SOUTH CAROLINA
AMERICAN STOP SMOKING INTERVENTION STUDY
FOR CANCER PREVENTION (ASSIST)

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I. COST AND PRICING DATA

A. Proposal Summary and Data Record

B. Contract Pricing Proposal Cover Sheet

C. Budget Information

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Source: https://www.industrydocuments.ucsf.edu/docs/knjl0000

DEPARTMENT OF HEALTH AND HUM... SERVICES
PUBLIC HEALTH SERVICE
NATIONAL INSTITUTES OF HEALTH
PROPOSAL SUMMARY AND DATA RECORD

RFP NUMBER/CONTRACT NU... R: NCI-CN-95165-38

PROJECT TITLE (Title of RFP or Contract Proposal)

American Stop Smoking Intervention Study for Cancer Prevention (ASSIST)

LEGAL NAME AND ADDRESS OF OFFEROR	PLACE OF PERFORMANCE (Full address including ZIP)
South Carolina Department of Health and Environmental Control Center for Health Promotion 2600 Bull Street Columbia, South Carolina 29201	South Carolina Department of Health and Environmental Control 2600 Bull Street Columbia, South Carolina 29201

TYPE OF CONTRACT PROPOSED

☒ COST-REIMBURSEMENT ☐ FIXED PRICE ☐ COST-PLUS-FIXED-FEE ☐ OTHER

ESTIMATED TIME REQUIRED TO COMPLETE PROJECT	PROPOSED STARTING DATE
June 15, 1991 - June 15, 1998	June 15, 1991

ESTIMATED DIRECT COSTS IN PROPOSED YEAR (From budget)

DOES THIS PROPOSAL INCLUDE A SUBCONTRACT ☐ YES ☒ NO (If yes, please furnish name and location of organization, description of services, basis for selection, responsible person employed by subcontractor and cost information.)

NAME AND TITLE OF PRINCIPAL INVESTIGATOR	SOCIAL SECURITY NO.	EST. HOURS WEEKLY	AREA CODE/TEL. NO.
Frances C. Wheeler, Ph.D.	[redacted]	.5	(803) 737-4120

NAME AND TITLE OF CO-INVESTIGATORS (Use attachment if necessary)	SOCIAL SECURITY NO.	EST. HOURS WEEKLY	AREA CODE/TEL. NO.

NAME AND TITLE OF INDIVIDUAL(S) AUTHORIZED TO NEGOTIATE CONTRACTS	AREA CODE/TELEPHONE NUMBER
Frances C. Wheeler, Ph.D. Director, Center for Health Promotion	(803) 737-4120

NAME AND TITLE OF INDIVIDUAL(S) AUTHORIZED TO EXECUTE CONTRACTS	AREA CODE/TELEPHONE NUMBER
James E. Padgett, Jr., M.D. Deputy Commissioner, Health Services	(803) 737-3900

DOES THIS PROPOSAL INVOLVE EXPERIMENTS WITH HUMAN SUBJECTS ☐ YES ☒ NO

Institution's General Assurance re Human Subjects — DATE APPROVED _____ ☐ PENDING

Institution's Review Board's approval of this proposal — DATE APPROVED _____ ☐ PENDING

An example of the informed consent for this study is enclosed ☐ YES ☐ NO

A Clinical Protocol is enclosed ☐ YES ☐ NO

OFFEROR'S ACKNOWLEDGEMENT OF AMENDMENTS TO THE RFP (Use attachment if necessary)

ERRATA NUMBER	DATE	ERRATA NUMBER	DATE
01	3/23/90	02	4/10/90

NAME, ADDRESS, AND PHONE NUMBER OF COGNIZANT GOVERNMENT AUDIT AGENCY	NUMBER OF EMPLOYEES CURRENTLY EMPLOYED
State Auditor 1401 Main Street, Suite 1200 Post Office Box 11333 Columbia, S.C. 29211 (803) 253-4160	5,268
	DOLLAR VOLUME OF BUSINESS PER ANNUM $260,711,000
	THIS OFFER EXPIRES 120 DAYS FROM THE DATE OF THIS OFFER. (120 days if not specified)

FOR THE INSTITUTION

SIGNATURE OF PRINCIPAL INVESTIGATOR	SIGNATURE OF BUSINESS REPRESENTATIVE
Frances C Wheeler	John B. Asbill
TYPED NAME AND TITLE Frances C. Wheeler, Ph.D. Director, Center for Health Promotion	TYPED NAME AND TITLE John B. Asbill Director, Bureau of Finance
EMPLOYER IDENTIFICATION NUMBER 576000286	DATE OF OFFER September 21, 1990

NIH 2043 (Rev. 6/82)

ATTACHMENT 9

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Source: https://www.industrydocuments.ucsf.edu/docs/knjl0000

CONTRACT PRICING PROPOSAL COVER SHEET

1. SOLICITATION/CONTRACT/MODIFICATION NO. NCI-CN-95165-3?

FORM APPROVED OMB NO. 9000-0013

NOTE: This form is used in contract actions if submission of cost or pricing data is required. (See FAR 15.8[illegible]b)]

2. NAME AND ADDRESS OF OFFEROR (Include ZIP Code)

S.C. Department of Health and Environmental Control
?600 Bull Street
\ olumbia, South Carolina 29201

3A. NAME AND TITLE OF OFFEROR'S POINT OF CONTACT

Frances C. Wheeler, Ph.D., Dir.
Center for Health Promotion

3B. TELEPHONE NO.

(803) 737-4120

4. TYPE OF CONTRACT ACTION (Check)

X	A. NEW CONTRACT		D. LETTER CONTRACT
	B. CHANGE ORDER		E. UNPRICED ORDER
	C. PRICE REVISION/ REDETERMINATION		F. OTHER (Specify)

5. TYPE OF CONTRACT (Check)

☐ FFP ☐ CPFF ☐ CPIF ☐ CPAF
☐ FPI ☒ OTHER (Specify) Cost Reimbursement Completion

6. PROPOSED COST (A+B=C)

A. COST	B. PROFIT/FEE	C. TOTAL
$ 6,060,961	$	$ 6,060,961

7. PLACE(S) AND PERIOD(S) OF PERFORMANCE

S.C. Department of Health and Environmental Control, Columbia, South Carolina
June 15, 1991 - June 15, 1998

8. List and reference the identification, quantity and total price proposed for each contract line item. A line item cost breakdown supporting this recap is required unless otherwise specified by the Contracting Officer. (Continue on reverse, and then on plain paper, if necessary. Use same headings.)

A. LINE ITEM NO.	B. IDENTIFICATION	C. QUANTITY	D. TOTAL PRICE	E. REF.
A.	Direct Labor		$2,419,499	
B.	Fringe Benefits		572,394	
C.1.	Material/Supplies		299,190	
C.2.	Travel Costs		196,094	
C.3.	Computer Equipment		162,867	
C.4.	Consultants		33,824	
C.5.	Intervention Costs		2,110,949	
D	Indirect Costs		266,144	
	Total Estimated Costs		$6,060,961	

9. PROVIDE NAME, ADDRESS, AND TELEPHONE NUMBER FOR THE FOLLOWING (If available)

A. CONTRACT ADMINISTRATION OFFICE

S.C. Dept. of Health & Environmental Control
enter for Health Promotion
2600 Bull Street
Columbia, SC 29201 (803) 737-4120

B. AUDIT OFFICE

State Auditor
1401 Main Street, Suite 1200
P.O. Box 11333
Columbia, SC 29211 (803) 253-4160

10. WILL YOU REQUIRE THE USE OF ANY GOVERNMENT PROPERTY IN THE PERFORMANCE OF THIS WORK? (If "Yes," identify)

☐ YES ☒ NO

11A. DO YOU REQUIRE GOVERNMENT CONTRACT FINANCING TO PERFORM THIS PROPOSED CONTRACT? (If "Yes," complete Item 11B)

☐ YES ☒ NO

11B. TYPE OF FINANCING (If one)

☐ ADVANCE PAYMENTS ☐ PROGRESS PAYMENTS
☐ GUARANTEED LOANS

12. HAVE YOU BEEN AWARDED ANY CONTRACTS OR SUBCONTRACTS FOR THE SAME OR SIMILAR ITEMS WITHIN THE PAST 3 YEARS? (If "Yes," identify item(s), customer(s) and contract number(s))

☐ YES ☒ NO

13. IS THIS PROPOSAL CONSISTENT WITH YOUR ESTABLISHED ESTIMATING AND ACCOUNTING PRACTICES AND PROCEDURES AND FAR PART 31 COST PRINCIPLES? (If "No," explain)

☒ YES ☐ NO

14. COST ACCOUNTING STANDARDS BOARD (CASB) DATA (Public Law 91-379 as amended and FAR PART 30)

A. WILL THIS CONTRACT ACTION BE SUBJECT TO CASB REGULATIONS? (If "No," explain in proposal)

☐ YES ☒ NO

B. HAVE YOU SUBMITTED A CASB DISCLOSURE STATEMENT (CASB DS-1 or 2)? (If "Yes," specify in proposal the office to which submitted and if determined to be adequate)

☐ YES ☒ NO

C. HAVE YOU BEEN NOTIFIED THAT YOU ARE OR MAY BE IN NON-COMPLIANCE WITH YOUR DISCLOSURE STATEMENT OR COST ACCOUNTING STANDARDS? (If "Yes," explain in proposal)

☐ YES ☒ NO

D. IS ANY ASPECT OF THIS PROPOSAL INCONSISTENT WITH YOUR DISCLOSED PRACTICES OR APPLICABLE COST ACCOUNTING STANDARDS? (If "Yes," explain in proposal)

☐ YES ☒ NO

This proposal is submitted in response to the RFP, contract, modification, etc. in Item 1 and reflects our best estimates and/or actual costs as of this date and conforms with the instructions in FAR 15.804-6(b) (2), Table 15-2. By submitting this proposal, the offeror, if selected for negotiation, grants the contracting officer or an authorized representative the right to examine, at any time before award, those books, records, documents and other types of factual information, regardless of form or whether such supporting information is specifically referenced or included in the proposal as the basis for pricing, that will permit an adequate evaluation of the proposed price.

15. NAME AND TITLE (Type)

James E. Padgett, Jr., M.D.
Deputy Commissioner, Health Services

16. NAME OF FIRM

S.C. Department of Health and Environmental Control

17. SIGNATURE

J.E. Padgett, MD

18. DATE OF SUBMISSION

September 21, 1990

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Source: https://www.industrydocuments.ucsf.edu/docs/[illegible]

BUDGET NOTES

FULL TIME EQUIVALENT (FTE) At the South Carolina Department of Health and Environmental Control (DHEC) 1.0 FTE is equal to 1950 maximum billable hours per year (37.5 hours per week time 52 weeks per year). Vacation, holiday, sick leave, and other paid absences are included in salaries and wages.

Direct Labor: Hourly rates were calculated by dividing the salary range midpoint for each position by 1950 hours. The rates given for Year 01 represent a five percent increase over salaries as of August 2, 1990 (see Appendix C). A five percent increase per year of the hourly rate is used for Years 02-07 to cover across the board and merit increases. This increase is based on trend data and is subject to change.

Fringe Benefits: DHEC's FY 91 Fringe Benefits rate of 16.33 percent includes:

Retirement	7.55%
Social Security	7.65%
Workers' Compensation	.87%
Group Life	.15%
Unemployment	.11%

A two percent increase per year is used for Year 01-07. This increase is based on trend data and is subject to change.

Health and Dental Insurance: DHEC's FY 91 health and dental insurance rate is $1,611 per employee per year. A five percent increase per year is used for Years 01-07. This increase in based on trend data and is subject to change.

Material/Supplies: The standard formula of ten percent of the total of Direct Labor salary plus Fringe Benefits was used. In most cases a five percent increase per year of the itemized items is used for Years 02-07.

Travel: A five percent increase per year is used for Years 02-07.. This is an estimate and is subject to change.

Computer Equipment: A five percent increase per year is used for Years 02-07. This is an estimate and is subject to change.

Consultants: A five percent increase per year is used for Years 02-07. This is an estimate and is subject to change.

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Source: https://www.industrydocuments.ucsf.edu/docs/knjl0000

Intervention Costs: A five percent increase per year is used for Years 02-07. This is an estimate and is subject to change.

Indirect Costs: DHEC's FY 91 Indirect Cost Rate is 10.1 percent. A copy of the FY 91 negotiated rate agreement is given in Appendix A. A 11.0 percent indirect cost rate is used for Years 01-07. This is an estimate and is subject to change. This rate is based on the average rate for the past five years as shown below:

FY 87	11.7%
FY 88	9.9%
FY 89	11.8%
FY 90	11.7%
FY 91	10.1%

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Source: https://www.industrydocuments.ucsf.edu/docs/knjl0000

SOUTH CAROLINA
AMERICAN STOP SMOKING INTERVENTION STUDY FOR CANCER PREVENTION (ASSIST)
SUMMARY YEARS 01-07

COST ITEM	1	2	3	4	5	6	7	TOTAL
A. DIRECT LABOR	$ 208,884	$ 219,381	$ 360,350	$ 378,394	$ 397,303	$ 417,129	$ 438,058	$2,419,499
B. FRINGE BENEFITS	46,982	50,067	83,348	88,841	94,672	100,902	107,582	572,394
C. OTHER DIRECT COSTS								
1. Materials/Supplies	$ 25,587	26,945	44,369	46,724	49,198	51,803	54,564	299,190
2. Travel Costs	20,640	20,130	39,757	38,222	24,544	25,764	27,037	196,094
3. Computer Equipment	26,355	20,160	21,120	22,080	23,232	24,384	25,536	162,867
4. Consultants	6,000	5,250	5,500	5,780	6,070	2,548	2,676	33,824
5. Intervention Costs	0	0	382,028	401,130	421,187	442,246	464,358	2,110,949
TOTAL DIRECT COSTS	$ 334,448	341,933	936,472	981,171	1,016,206	1,064,776	1,119,811	5,794,817
D. INDIRECT COSTS	$ 22,977	24,132	39,639	41,623	43,703	45,884	48,186	266,144
TOTAL ESTIMATED COSTS	$ 357,425	366,065	976,111	1,022,794	1,059,909	1,110,660	1,167,997	6,060,961

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Source: https://www.industrydocuments.ucsf.edu/docs/knjl0000

SOUTH CAROLINA
AMERICAN STOP SMOKING INTERVENTION STUDY
FOR CANCER PREVENTION (ASSIST)
PHASE I YEAR 01 BUDGET PROPOSAL

COST ITEM	HOURLY RATE	HOURS	AMOUNT
A. DIRECT LABOR			
1. Professional Staff			
a. Fran Wheeler Project Director	$22.10	390	$ 8,619
b. Vacant Project Manager (Program Director)	$20.50	1,950	$ 39,975
c. Vacant Field Director (Project Administrator)	$18.90	1,950	$ 36,855
d. Vacant Field Director (Project Administrator)	$18.90	1,950	$ 36,855
2. Support Staff			
a. Vacant Administrative Assistant (Business Associate I)	$12.80	1,950	$ 24,960
b. Vacant Administrative Assistant (Exec. Support Specialist)	$11.40	1,950	$ 22,230
c. Vacant Secretary (2) (Adm. Specialist B)	$10.10	3,900	$ 39,390
TOTAL DIRECT LABOR		14,040	$208,884

1. Professional Staff

a. Project Director: Serves as Co-chairman of the Executive Committee, ensures the availability of needed resources, resolves project-related problems and provides overall direction for the conduct of the project.

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Source: https://www.industrydocuments.ucsf.edu/docs/knjl0000

b. Project Manager: Serves as project manager, responsible for day-to-day operations of the project, coordinates all state coalition activities, produces the Phase I Plan, directs and supervises project staff.

c. Field Director: Introduces project to the community, conducts and completes the baseline site analysis, works with the ACS and assists in writing the Phase I Plan.

d. Field Director: Ensures that the Smoking Control Plan addresses local and community concerns, organizes and supports local smoking coalitions, and hires and supervises Field Coordinators.

2. Support Staff

a. Administrative Assistant: Provides budgetary and financial support services for the project.

b. Administrative Assistant: Provides secretarial and administrative support to Project Management, supervises subordinate secretarial and clerical staff.

c. Secretary (2): Provides general secretarial support services as needed to accomplish project activities.

B. FRINGE BENEFITS	
16.66% of direct labor cost ($208,884)	$ 34,800
Health and Dental Insurance @ $1,692 time 7.2 FTEs	12,182
TOTAL FRINGE BENEFITS	$ 46,982
TOTAL DIRECT LABOR AND FRINGE BENEFITS	$255,866
C. OTHER DIRECT COSTS	
1. Materials and Supplies	
Telephone costs for equipment charge, local and long distance service for 7.2 FTEs at $100 per FTE per month for 12 months	$ 8,640
Office supplies necessary to conduct project activities for 7.2 FTEs at $550 per FTE per year. To include pencils computer paper, printer ribbons, computer disks, legal pads, scotch tape, stapler, staples, calendars, etc.	3,960

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Source: https://www.industrydocuments.ucsf.edu/docs/knjl0000

Rental of office copier to copy routine correspondence and reports at $275 per month for 12 months	3,300
Computer maintenance cost for 7 computers and printers at $250 per year per computer/ printer	1,750
Postage for mailing and shipping of reports, correspondence, project related materials at $200 per month for 12 months	2,400
Paper for copying and printing of progress and quarterly reports, correspondence, site analysis, and other project related materials at $100 per month for 12 months	1,200
Letterhead, envelopes, folders, note cards printed with Tobacco Free South Carolina for use by Project Staff	1,500
Promotional supplies to used by project staff and coalition members	2,837
Total Material and Supplies	$ 25,587

2. Equipment

DHEC has access to FAX machines, slide projectors, VHS equipment, overhead projectors, and typewriters.

Total Equipment	$ 0

3. Travel

a. Local

Travel for professional staff to provide technical assistance and consultation in the formation and development of local coalitions; will require 12 overnight trips at $100 per trip	$ 1,200
Travel for professional staff to provide assistance in development of local coalition action plans and logistical support for training efforts will require 8 overnight trips at $100 per trip	800

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Source: https://www.industrydocuments.ucsf.edu/docs/knjl0000

Travel for Project ASSIST Executive Committee members to attend committee meetings will require 6 trips at $200 per trip	1,200
Travel for professional staff to consult with ACS and other members of the Tobacco Free S.C. coalition in developing the coalition and gathering information for site analysis; will require 50 trips at $50 per trip	2,500
Travel for four project staff to attend three-day S.C. Public Health Association Annual Meeting; will require $250 per person for meals, lodging and transportation and $45 per person for registration fee	1,180
Travel for four project staff to attend a one-day S.C. Association for Health Education Annual Meeting; will require $50 per person for transportation and $75 per person for registration fee	500
Registration fee for staff to attend professional development workshops, such as management courses, skills enhancement for secretaries, will required $250 per 7.2 FTEs per year	1,800
b. National	
One person to attend two 2-day coordinating committee meetings in Bethesda, MD; will require $760 per meeting	1,520
Two people to attend two 2-day training sessions in Bethesda, MD; will require $760 per person per meeting	3,040
Two people to attend a 2-day training session in Chicago, IL; will require $750 per person	1,500
Two people to attend the STAT (Stop Teenage Addiction to Tobacco) Annual Meeting; will require $800 per person for meals, lodging and transportation and $100 per person for registration fee	1,800

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Source: https://www.industrydocuments.ucsf.edu/docs/knjl0000

Two people to attend the ASTHO Annual Conference on Public Health Practice of Tobacco Prevention and Control; will require $800 for meals, lodging and transportation and $100 per person for registration fee per person	1,800
Two people to attend the American Public Health Association Annual Meeting; will require $800 per person for meals, lodging and transportation and $100 per person for registration fee	1,800
Total Travel	$ 20,640

4. Computer Equipment

The Center for Health Promotion has IBM-compatible micro computers and 5.0 WordPerfect software. The computers have sufficient memory to store records, send and retrieve electronic mail, and maintain records of project expenditures. The Center also has existing dot matrix and laser printers, cables and connections for each computer.	
Sixteen 2400 Baud Hayes compatible modems; at $350 each; one for the project central office to send and receive electronic messages from the ASSIST Coordinating Center and one for each of the fifteen public health districts to send and receive electronic messages from the project central office	5,600
Installation of 16 dedicated computer telephone lines at $60 per line	960
Charge for dedicated computer line at sixteen sites at $100 per site per month	19,200
Upgrade seven 5.0 WordPerfect software to 5.1 at $85 each	595
Total Computer Equipment	$26,355

5. Facilities

The Center for Health Promotion has sufficient office, storage and meeting space	
Total Facilities	$ 0

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Source: https://www.industrydocuments.ucsf.edu/docs/knjl0000

6. Consultants

One person to provide consultation on working with minority or special population groups; will require $500 (including travel) per day for 2 days	$ 1,000
One person to provide consultation to staff and coalition members on legislative advocacy; will require $500 per day for 2 days	1,000
One person to provide consultation to staff and coalition members on coalition development; will require $500 (including travel) per day for 2 days	1,000
One person to provide consultation to staff and coalition members on worksite program implementation and policy development; will require $500 (including travel) per day for 2 days	1,000
One person to provide consultation to staff and coalition members on church program implementation; will require $500 (including travel) per day for 2 days	1,000
One person to provide consultation to staff on utilizing electronic message systems; will require $500 (including travel) per day for two days	1,000
Total Consultants	$ 6,000

TOTAL OTHER DIRECT COSTS	$ 78,582
TOTAL DIRECT COSTS	$334,448

D. INDIRECT COSTS

11% of direct labor costs ($208,884)	$ 22,977
TOTAL ESTIMATED COSTS FOR YEAR 01	$357,425

2023678841

Source: https://www.industrydocuments.ucsf.edu/docs/knjl0000

SOUTH CAROLINA
AMERICAN STOP SMOKING INTERVENTION STUDY
FOR CANCER PREVENTION (ASSIST)
PHASE I, YEAR 02 BUDGET PROPOSAL

COST ITEM	HOURLY RATE	HOURS	AMOUNT
A. DIRECT LABOR			
1. Professional Staff			
a. Fran Wheeler Project Director	$23.21	390	$ 9,052
b. Vacant Project Manager (Program Director)	$21.53	1,950	$ 41,984
c. Vacant Field Director (Project Administrator)	$19.85	1,950	$ 38,708
d. Vacant Field Director (Project Administrator)	$19.85	1,950	$ 38,708
2. Support Staff			
a. Vacant Administrative Assistant (Business Associate I)	$13.44	1,950	$ 26,208
b. Vacant Administrative Assistant (Exec. Support Specialist)	$11.97	1,950	$ 23,342
c. Vacant Secretary (2) (Adm. Specialist B)	$10.61	3,900	$ 41,379
TOTAL DIRECT LABOR		14,040	$219,381

1. Professional Staff

a. Project Director: Serves as Co-chairman of the Executive Committee, ensures the availability of needed resources, resolves project-related problems and provides overall direction for the conduct of the project.

2023678842

Source: https://www.industrydocuments.ucsf.edu/docs/knjl0000

b. Project Manager: Serves as project manager, responsible for day-to-day operations of the project, coordinates all state coalition activities, produces the Phase I Plan, directs and supervises project staff.

c. Field Director: Introduces project to the community, conducts and completes the baseline site analysis, works with the ACS and assists in writing the Phase I Plan.

d. Field Director: Ensures that the Smoking Control Plan addresses local and community concerns, organizes and supports local smoking coalitions, and hires and supervises Field Coordinators.

2. Support Staff

a. Administrative Assistant: Provides budgetary and financial support services for the project.

b. Administrative Assistant: Provides secretarial and administrative support to Project Management, supervises subordinate secretarial and clerical staff.

c. Secretary (2): Provides general secretarial support services as needed to accomplish project activities.

B. FRINGE BENEFITS	
16.99% of direct labor cost ($219,381)	$ 37,273
Health and Dental Insurance @ $1,777 time 7.2 FTEs	12,794
TOTAL FRINGE BENEFITS	**$ 50,067**
TOTAL DIRECT LABOR AND FRINGE BENEFITS	**$269,448**
C. OTHER DIRECT COSTS	
1. Materials and Supplies	
Telephone costs for equipment charge, local and long distance service for 7.2 FTEs at $105 per FTE per month for 12 months	$ 9,072
Office supplies necessary to conduct project activities for 7.2 FTEs at $578 per FTE per year. To include pencils computer paper, printer ribbons, computer disks, legal pads, scotch tape, stapler, staples, calendars, etc.	4,162

2023678843

Source: https://www.industrydocuments.ucsf.edu/docs/knjl0000

Rental of office copier to copy routine correspondence and reports at $289 per month for 12 months	3,468
Computer maintenance cost for 7 computers and printers at $263 per year per computer/ printer	1,841
Postage for mailing and shipping of reports, correspondence, project related materials at $210 per month for 12 months	2,520
Paper for copying and printing of progress and quarterly reports, correspondence, site analysis, and other project related materials at $105 per month for 12 months	1,260
Letterhead, envelopes, folders, note cards printed with Tobacco Free South Carolina for use by Project Staff	1,575
Promotional supplies to used by project staff and coalition members	3,047
Total Material and Supplies	$ 26,945

2. Equipment

DHEC has access to FAX machines, slide projectors, VHS equipment, overhead projectors, and typewriters.

Total Equipment	$ 0

3. Travel

a. Local

Travel for professional staff to provide technical assistance and consultation in the formation and development of local coalitions; will require 12 overnight trips at $105 per trip	$ 1,260
Travel for professional staff to provide assistance in development of local coalition action plans and logistical support for training efforts will require 8 overnight trips at $105 per trip	840

2023678844

Source: https://www.industrydocuments.ucsf.edu/docs/knjl0000

Travel for Project ASSIST Executive Committee members to attend committee meetings will require 6 trips at $210 per trip	1,260
Travel for professional staff to consult with ACS and other members of the Tobacco Free S.C. coalition in developing the coalition and gathering information for site analysis; will require 50 trips at $53 per trip	2,650
Travel for four project staff to attend three-day S.C. Public Health Association Annual Meeting; will require $263 per person for meals, lodging and transportation and $47 per person for registration fee	1,240
Travel for four project staff to attend a one-day S.C. Association for Health Education Annual Meeting; will require $53 per person for transportation and $79 per person for registration fee	528
Registration fee for staff to attend professional development workshops, such as management courses, skills enhancement for secretaries, will required $263 per 7.2 FTEs per year	1,894
b. National	
One person to attend two 2-day coordinating committee meetings in Bethesda, MD; will require $798 per meeting	1,596
Two people to attend two 2-day training sessions in Bethesda, MD; will require $798 per person per meeting	3,192
Two people to attend the STAT (Stop Teenage Addiction to Tobacco) Annual Meeting; will require $840 per person for meals, lodging and transportation and $105 per person for registration fee	1,890
Two people to attend the ASTHO Annual Conference on Public Health Practice of Tobacco Prevention and Control; will require $840 for meals, lodging and transportation and $105 per person for registration fee per person	1,890

2023678845

Source: https://www.industrydocuments.ucsf.edu/docs/knjl0000

Two people to attend the American Public Health Association Annual Meeting; will require $840 per person for meals, lodging and transportation and $105 per person for registration fee	1,890
Total Travel	$ 20,130

4. Computer Equipment

The Center for Health Promotion has IBM-compatible micro computers and 5.0 WordPerfect software. The computers have sufficient memory to store records, send and retrieve electronic mail, and maintain records of project expenditures. The Center also has existing dot matrix and laser printers, cables and connections for each computer.

Charge for dedicated computer line at sixteen sites at $105 per site per month	20,160
Total Computer Equipment	$20,160

5. Facilities

The Center for Health Promotion has sufficient office, storage and meeting space

Total Facilities	$ 0

6. Consultants

One person to provide consultation on working with minority or special population groups; will require $525 (including travel) per day for 2 days	$ 1,050
One person to provide consultation to staff and coalition members on legislative advocacy; will require $525 per day for 2 days	1,050
One person to provide consultation to staff and coalition members on coalition development; will require $525 (including travel) per day for 2 days	1,050

2023678846

Source: https://www.industrydocuments.ucsf.edu/docs/knjl0000

One person to provide consultation to staff and coalition members on worksite program implementation and policy development; will require $525 (including travel) per day for 2 days	1,050
One person to provide consultation to staff and coalition members on church program implementation; will require $525 (including travel) per day for 2 days	1,050
Total Consultants	$ 5,250
TOTAL OTHER DIRECT COSTS	**$ 72,485**
TOTAL DIRECT COSTS	**$341,933**
D. INDIRECT COSTS	
11% of direct labor costs ($219,381)	$ 24,132
TOTAL ESTIMATED COSTS FOR YEAR 02	**$366,065**

2023678847

Source: https://www.industrydocuments.ucsf.edu/docs/knjl0000

SOUTH CAROLINA
AMERICAN STOP SMOKING INTERVENTION STUDY
FOR CANCER PREVENTION (ASSIST)
PHASE II YEAR 03 BUDGET PROPOSAL

COST ITEM	HOURLY RATE	HOURS	AMOUNT
A. DIRECT LABOR			
1. Professional Staff			
a. Fran Wheeler Project Director	$24.37	390	$ 9,504
b. Vacant Project Manager (Program Director)	$22.61	1,950	$ 44,090
c. Vacant Field Director (Project Administrator)	$20.84	1,950	$ 40,638
d. Vacant Field Director (Project Administrator)	$20.84	1,950	$ 40,638
e. Vacant Field Coordinators (3) (Prog. Info. Coord. II)	$18.75	5,850	$109,688
2. Support Staff			
a. Vacant Administrative Assistant (Business Associate I)	$14.11	1,950	$ 27,515
b. Vacant Administrative Assistant (Exec. Support Specialist)	$12.57	1,950	$ 24,512
c. Vacant Secretary (2) (Adm. Specialist B)	$11.14	3,900	$ 43,446
d. Vacant Clerk (Adm. Specialist A)	$10.42	1,950	$ 20,319
TOTAL DIRECT LABOR		21,840	$360,350

2023678848

Source: https://www.industrydocuments.ucsf.edu/docs/knjl0000

1. Professional Staff

   a. Project Director: Serves as Co-chairman of the Executive Committee, ensures the availability of needed resources, resolves project-related problems and provides overall direction for the conduct of the project.

   b. Project Manager: Serves as project manager, responsible for day-to-day operations of the project, works with ACS to ensure continued organization of coalition activities, coordinates operations with Field Director, participates and organizes project-related training, ensures proper record keeping and reporting as required by NCI, directs and supervises Field Director and Administrative Assistants.

   c. Field Director: Ensures implementation of statewide activities, as well as related data collection and maintenance of program records.

   d. Field Director: Ensures that the Smoking Control Plan addresses local and community concerns, supports local smoking coalitions, supervises Field Coordinators.

   e. Field Coordinators: Assists the Field Director in establishing interventions, supporting local coalitions and maintaining project records.

2. Support Staff

   a. Administrative Assistant: Provides budgetary and financial support services for the project.

   b. Administrative Assistant: Provides secretarial and administrative support to Project Management, supervises subordinate secretarial and clerical staff.

   c. Secretary (2): Provides general secretarial support services as needed to accomplish project activities.

   d. Clerk: Provides support for implementation activities and for data acquisition an date entry.

B. FRINGE BENEFITS

17.33% of direct labor cost ($360,350)	$ 62,449
Health and Dental Insurance @ $1,866 time 11.2 FTEs	20,899
TOTAL FRINGE BENEFITS	$ 83,348
TOTAL DIRECT LABOR AND FRINGE BENEFITS	$443,698

2023678849

Source: https://www.industrydocuments.ucsf.edu/docs/knjl0000

C. OTHER DIRECT COSTS

1. Materials and Supplies

Telephone costs for equipment charge, local and long distance service for 11.2 FTEs at $110 per FTE per month for 12 months	$ 14,784
Office supplies necessary to conduct project activities for 11.2 FTEs at $625 per FTE per year. To include pencils computer paper, printer ribbons, computer disks, legal pads, scotch tape, stapler, staples, calendars, etc.	7,000
Rental of office copier to copy routine correspondence and reports at $300 per month for 12 months	3,600
Computer maintenance cost for 11 computers and printers at $276 per year per computer/ printer	3,036
Postage for mailing and shipping of reports, correspondence, project related materials at $250 per month for 12 months	3,000
Paper for copying and printing of progress and quarterly reports, correspondence, and other project related materials at $150 per month for 12 months	1,800
Letterhead, envelopes, folders, note cards printed with Tobacco Free South Carolina for use by Project Staff	2,500
Promotional supplies to used by project staff and coalition members	8,649
Total Material and Supplies	$ 44,369

2. Equipment

DHEC has access to FAX machines, slide projectors, VHS equipment, overhead projectors, and typewriters.

Total Equipment $ 0

2023678850

Source: https://www.industrydocuments.ucsf.edu/docs/knjl0000

3. Travel

a. Local

Travel for professional staff to provide technical assistance and consultation to local coalitions; will require 12 overnight trips at $110 per trip	$ 1,320
Travel for professional staff to provide assistance in development of local coalition action plans and logistical support for training efforts will require 8 overnight trips at $110 per trip	880
Travel for Project ASSIST Executive Committee members to attend committee meetings will require 6 trips at $220 per trip	1,320
Travel for professional staff to consult with ACS and other members of the Tobacco Free S.C. coalition; will require 50 trips at $56 per trip	2,800
Travel for four project staff to attend three-day S.C. Public Health Association Annual Meeting; will require $276 per person for meals, lodging and transportation and $49 per person for registration fee	1,300
Travel for four project staff to attend a one-day S.C. Association for Health Education Annual Meeting; will require $56 per person for transportation and $83 per person for registration fee	556
Registration fee for staff to attend professional development workshops, such as management courses, skills enhancement for secretaries, will required $276 per 11.2 FTEs per year	3,091

b. National

One person to attend three 2-day coordinating committee meetings in Bethesda, MD; will require $838 per meeting	2,514
Two people to attend four 2-day training sessions in Bethesda, MD; will require $838 per person per meeting	6,704

2023678851

Source: https://www.industrydocuments.ucsf.edu/docs/knjl0000

Two people to attend four 2-day training sessions in Chicago, IL; will require $827 per person	6,616
Two people to attend four 2-day Information Exchange Conferences in Bethesda, MD; will require $838 per person per meeting	6,704
Two people to attend the STAT (Stop Teenage Addiction to Tobacco) Annual Meeting; will require $882 per person for meals, lodging and transportation and $110 per person for registration fee	1,984
Two people to attend the ASTHO Annual Conference on Public Health Practice of Tobacco Prevention and Control; will require $882 for meals, lodging and transportation and $110 per person for registration fee per person	1,984
Two people to attend the American Public Health Association Annual Meeting; will require $882 per person for meals, lodging and transportation and $110 per person for registration fee	1,984
Total Travel	$ 39,757

4. Computer Equipment

The Center for Health Promotion has IBM-compatible micro computers and 5.0 WordPerfect software. The computers have sufficient memory to store records, send and retrieve electronic mail, and maintain records of project expenditures. The Center also has existing dot matrix and laser printers, cables and connections for each computer.	
Charge for dedicated computer line at sixteen sites at $110 per site per month	21,120
Total Computer Equipment	$21,120

5. Facilities

The Center for Health Promotion has sufficient office, storage and meeting space	
Total Facilities	$ 0

2023678852

Source: https://www.industrydocuments.ucsf.edu/docs/knjl0000

6. Consultants

One person to provide consultation on working with minority or special population groups; will require $550 (including travel) per day for 2 days	$ 1,100
One person to provide consultation to staff and coalition members on legislative advocacy; will require $550 per day for 2 days	1,100
One person to provide consultation to staff and coalition members on coalition development; will require $550 (including travel) per day for 2 days	1,100
One person to provide consultation to staff and coalition members on worksite program implementation and policy development; will require $550 (including travel) per day for 2 days	1,100
One person to provide consultation to staff and coalition members on church program implementation; will require $550 (including travel) per day for 2 days	1,100
Total Consultants	$ 5,500

7. Other Direct Costs

Intervention Funds are requested for mailings, printing of local public relations announcements, media, public relation events and training as listed below:

a.	Site organization and mobilization		$ 10,000
b.	Media		97,600
	Health Care Systems	$ 9,760	
	Worksites	9,760	
	Schools	19,520	
	Community Networks	9,760	
	Community Environment	48,800	
c.	Policy		137,214
	Health Care Systems	$20,582	
	Worksites	41,164	
	Schools	27,443	
	Community Networks	13,721	
	Community Environment	34,304	

2023678853

Source: https://www.industrydocuments.ucsf.edu/docs/knjl0000

d.	Program Services		137,214
	Health Care Systems	$27,443	
	Worksites	34,304	
	Schools	41,164	
	Community Networks	20,582	
	Community Environment	13,721	
	Total Intervention Costs		$382,028
TOTAL OTHER DIRECT COSTS			**$492,774**
TOTAL DIRECT COSTS			**$936,472**
D.	INDIRECT COSTS		
	11% of direct labor costs ($360,350)		$ 39,639
TOTAL ESTIMATED COSTS FOR YEAR 03			**$976,111**

2023678854

Source: https://www.industrydocuments.ucsf.edu/docs/knjl0000

SOUTH CAROLINA
AMERICAN STOP SMOKING INTERVENTION STUDY
FOR CANCER PREVENTION (ASSIST)
PHASE II YEAR 04 BUDGET PROPOSAL

COST ITEM	HOURLY RATE	HOURS	AMOUNT
A. DIRECT LABOR			
1. Professional Staff			
a. Fran Wheeler Project Director	$25.59	390	$ 9,980
b. Vacant Project Manager (Program Director)	$23.74	1,950	$ 46,293
c. Vacant Field Director (Project Administrator)	$21.88	1,950	$ 42,666
d. Vacant Field Director (Project Administrator)	$21.88	1,950	$ 42,666
e. Vacant Field Coordinators (3) (Program Info. Coord. II)	$19.69	5,850	$115,187
2. Support Staff			
a. Vacant Administrative Assistant (Business Associate I)	$14.82	1,950	$ 28,899
b. Vacant Administrative Assistant (Exec. Support Specialist)	$13.20	1,950	$ 25,740
c. Vacant Secretary (2) (Adm. Specialist B)	$11.70	3,900	$ 45,630
d. Vacant Clerk (Adm. Specialist A)	$10.94	1,950	$ 21,333
TOTAL DIRECT LABOR		21,840	$378,394

2023678855

Source: https://www.industrydocuments.ucsf.edu/docs/knjl0000

1. Professional Staff

   a. Project Director: Serves as Co-chairman of the Executive Committee, ensures the availability of needed resources, resolves project-related problems and provides overall direction for the conduct of the project.

   b. Project Manager: Serves as project manager, responsible for day-to-day operations of the project, works with ACS to ensure continued organization of coalition activities, coordinates operations with Field Director, participates and organizes project-related training, ensures proper record keeping and reporting as required by NCI, directs and supervises Field Director and Administrative Assistants.

   c. Field Director: Ensures implementation of statewide activities, as well as related data collection and maintenance of program records.

   d. Field Director: Ensures that the Smoking Control Plan addresses local and community concerns, supports local smoking coalitions, supervises Field Coordinators.

   e. Field Coordinators: Assists the Field Director in establishing interventions, supporting local coalitions and maintaining project records.

2. Support Staff

   a. Administrative Assistant: Provides budgetary and financial support services for the project.

   b. Administrative Assistant: Provides secretarial and administrative support to Project Management, supervises subordinate secretarial and clerical staff.

   c. Secretary (2): Provides general secretarial support services as needed to accomplish project activities.

   d. Clerk: Provides support for implementation activities and for data acquisition an date entry.

B. FRINGE BENEFITS

17.68% of direct labor cost ($378,394)	$ 66,900
Health and Dental Insurance @ $1,959 time 11.2 FTEs	21,941
TOTAL FRINGE BENEFITS	$ 88,841
TOTAL DIRECT LABOR AND FRINGE BENEFITS	$467,235

2023678956

Source: https://www.industrydocuments.ucsf.edu/docs/knjl0000

C. OTHER DIRECT COSTS

1. Materials and Supplies

Telephone costs for equipment charge, local and long distance service for 11.2 FTEs at $116 per FTE per month for 12 months	$ 15,590
Office supplies necessary to conduct project activities for 11.2 FTEs at $656 per FTE per year. To include pencils computer paper, printer ribbons, computer disks, legal pads, scotch tape, stapler, staples, calendars, etc.	7,347
Rental of office copier to copy routine correspondence and reports at $315 per month for 12 months	3,780
Computer maintenance cost for 11 computers and printers at $290 per year per computer/ printer	3,190
Postage for mailing and shipping of reports, correspondence, project related materials at $263 per month for 12 months	3,156
Paper for copying and printing of progress and quarterly reports, correspondence, and other project related materials at $158 per month for 12 months	1,896
Letterhead, envelopes, folders, note cards printed with Tobacco Free South Carolina for use by Project Staff	2,625
Promotional supplies to used by project staff and coalition members	9,140
Total Material and Supplies	$ 46,724

2. Equipment

DHEC has access to FAX machines, slide projectors, VHS equipment, overhead projectors, and typewriters.

Total Equipment $ 0

20236788S7

Source: https://www.industrydocuments.ucsf.edu/docs/knjl0000

3. Travel

a. Local

Travel for professional staff to provide technical assistance and consultation to local coalitions; will require 12 overnight trips at $115 per trip	$ 1,380
Travel for professional staff to provide assistance in development of local coalition action plans and logistical support for training efforts will require 8 overnight trips at $115 per trip	920
Travel for Project ASSIST Executive Committee members to attend committee meetings will require 6 trips at $231 per trip	1,386
Travel for professional staff to consult with ACS and other members of the Tobacco Free S.C. coalition; will require 50 trips at $59 per trip	2,950
Travel for four project staff to attend three-day S.C. Public Health Association Annual Meeting; will require $290 per person for meals, lodging and transportation and $51 per person for registration fee	1,364
Travel for four project staff to attend a one-day S.C. Association for Health Education Annual Meeting; will require $59 per person for transportation and $87 per person for registration fee	584
Registration fee for staff to attend professional development workshops, such as management courses, skills enhancement for secretaries, will required $290 per 11.2 FTEs per year	3,248

b. National

One person to attend three 2-day coordinating committee meetings in Bethesda, MD; will require $880 per meeting	2,640
Two people to attend four 2-day training sessions in Bethesda, MD; will require $880 per person per meeting	7,040

2023678858

Source: https://www.industrydocuments.ucsf.edu/docs/knjl0000

Two people to attend four 2-day training sessions in Chicago, IL; will require $868 per person	6,944
Two people to attend two 2-day Information Exchange Conferences in Bethesda, MD; will require $880 per person per meeting	3,520
Two people to attend the STAT (Stop Teenage Addiction to Tobacco) Annual Meeting; will require $926 per person for meals, lodging and transportation and $115 per person for registration fee	2,082
Two people to attend the ASTHO Annual Conference on Public Health Practice of Tobacco Prevention and Control; will require $926 for meals, lodging and transportation and $115 per person for registration fee per person	2,082
Two people to attend the American Public Health Association Annual Meeting; will require $926 per person for meals, lodging and transportation and $115 per person for registration fee	2,082
Total Travel	$ 38,222

4. Computer Equipment

The Center for Health Promotion has IBM-compatible micro computers and 5.0 WordPerfect software. The computers have sufficient memory to store records, send and retrieve electronic mail, and maintain records of project expenditures. The Center also has existing dot matrix and laser printers, cables and connections for each computer.	
Charge for dedicated computer line at sixteen sites at $115 per site per month	22,080
Total Computer Equipment	$22,080

5. Facilities

The Center for Health Promotion has sufficient office, storage and meeting space	
Total Facilities	$ 0

2023678859

Source: https://www.industrydocuments.ucsf.edu/docs/knjl0000

6. Consultants

One person to provide consultation on working with minority or special population groups; will require $578 (including travel) per day for 2 days	$ 1,156
One person to provide consultation to staff and coalition members on legislative advocacy; will require $578 per day for 2 days	1,156
One person to provide consultation to staff and coalition members on coalition development; will require $578 (including travel) per day for 2 days	1,156
One person to provide consultation to staff and coalition members on worksite program implementation and policy development; will require $578 (including travel) per day for 2 days	1,156
One person to provide consultation to staff and coalition members on church program implementation; will require $578 (including travel) per day for 2 days	1,156
Total Consultants	$ 5,780

7. Other Direct Costs

Intervention Funds are requested for mailings, printing of local public relations announcements, media, public relation events and training as listed below:

a.	Site organization and mobilization		$ 10,500
b.	Media		102,480
	Health Care Systems	$10,248	
	Worksites	10,248	
	Schools	20,496	
	Community Networks	10,248	
	Community Environment	51,240	
c.	Policy		144,075
	Health Care Systems	$21,611	
	Worksites	43,222	
	Schools	28,815	
	Community Networks	14,408	
	Community Environment	36,019	

2023678860

Source: https://www.industrydocuments.ucsf.edu/docs/knjl0000

d.	Program Services		144,075
	Health Care Systems	$28,815	
	Worksites	36,019	
	Schools	43,222	
	Community Networks	21,611	
	Community Environment	14,408	
	Total Intervention Costs		$401,130
TOTAL OTHER DIRECT COSTS			**$513,936**
TOTAL DIRECT COSTS			**$981,171**
D.	INDIRECT COSTS		
	11% of direct labor costs ($378,394)		$ 41,623
TOTAL ESTIMATED COSTS FOR YEAR 04			**$1,022,794**

2023678861

Source: https://www.industrydocuments.ucsf.edu/docs/knjl0000

SOUTH CAROLINA
AMERICAN STOP SMOKING INTERVENTION STUDY
FOR CANCER PREVENTION (ASSIST)
PHASE II YEAR 05 BUDGET PROPOSAL

COST ITEM	HOURLY RATE	HOURS	AMOUNT
A. DIRECT LABOR			
1. Professional Staff			
a. Fran Wheeler Project Director	$26.87	390	$ 10,479
b. Vacant Project Manager (Program Director)	$24.93	1,950	$ 48,614
c. Vacant Field Director (Project Administrator)	$22.97	1,950	$ 44,792
d. Vacant Field Director (Project Administrator)	$22.97	1,950	$ 44,792
e. Vacant Field Coordinators (3) (Program Info. Coord. II	$20.67	5,850	$120,920
2. Support Staff			
a. Vacant Administrative Assistant (Business Associate I)	$15.56	1,950	$ 30,342
b. Vacant Administrative Assistant (Exec. Support Specialist)	$13.86	1,950	$ 27,027
c. Vacant Secretary (2) (Adm. Specialist B)	$12.29	3,900	$ 47,931
d. Vacant Clerk (Adm. Specialist A)	$11.49	1,950	$ 22,406
TOTAL DIRECT LABOR		21,840	$397,303

2023978962

Source: https://www.industrydocuments.ucsf.edu/docs/knjl0000

1. Professional Staff

   a. Project Director: Serves as Co-chairman of the Executive Committee, ensures the availability of needed resources, resolves project-related problems and provides overall direction for the conduct of the project.

   b. Project Manager: Serves as project manager, responsible for day-to-day operations of the project, works with ACS to ensure continued organization of coalition activities, coordinates operations with Field Director, participates and organizes project-related training, ensures proper record keeping and reporting as required by NCI, directs and supervises Field Director and Administrative Assistants.

   c. Field Director: Ensures implementation of statewide activities, as well as related data collection and maintenance of program records.

   d. Field Director: Ensures that the Smoking Control Plan addresses local and community concerns, supports local smoking coalitions, supervises Field Coordinators.

   e. Field Coordinators: Assists the Field Director in establishing interventions, supporting local coalitions and maintaining project records.

2. Support Staff

   a. Administrative Assistant: Provides budgetary and financial support services for the project.

   b. Administrative Assistant: Provides secretarial and administrative support to Project Management, supervises subordinate secretarial and clerical staff.

   c. Secretary (2): Provides general secretarial support services as needed to accomplish project activities.

   d. Clerk: Provides support for implementation activities and for data acquisition an date entry.

B. FRINGE BENEFITS

18.03% of direct labor cost ($397,303)	$ 71,634
Health and Dental Insurance @ $2,057 time 11.2 FTEs	23,038
TOTAL FRINGE BENEFITS	$ 94,672
TOTAL DIRECT LABOR AND FRINGE BENEFITS	$491,975

2023678863

Source: https://www.industrydocuments.ucsf.edu/docs/knjl0000

C. OTHER DIRECT COSTS

1. Materials and Supplies

Telephone costs for equipment charge, local and long distance service for 11.2 FTEs at $122 per FTE per month for 12 months	$ 16,397
Office supplies necessary to conduct project activities for 11.2 FTEs at $689 per FTE per year. To include pencils computer paper, printer ribbons, computer disks, legal pads, scotch tape, stapler, staples, calendars, etc.	7,717
Rental of office copier to copy routine correspondence and reports at $330 per month for 12 months	3,960
Computer maintenance cost for 11 computers and printers at $305 per year per computer/ printer	3,355
Postage for mailing and shipping of reports, correspondence, project related materials at $276 per month for 12 months	3,312
Paper for copying and printing of progress and quarterly reports, correspondence, and other project related materials at $166 per month for 12 months	1,992
Letterhead, envelopes, folders, note cards printed with Tobacco Free South Carolina for use by Project Staff	2,756
Promotional supplies to used by project staff and coalition members	9,709
Total Material and Supplies	$ 49,198

2. Equipment

DHEC has access to FAX machines, slide projectors, VHS equipment, overhead projectors, and typewriters.

Total Equipment $ 0

2023678864

Source: https://www.industrydocuments.ucsf.edu/docs/knjl0000

3. Travel

a. Local

Travel for professional staff to provide technical assistance and consultation to local coalitions; will require 12 overnight trips at $121 per trip	$ 1,452
Travel for professional staff to provide assistance in development of local coalition action plans and logistical support for training efforts will require 8 overnight trips at $121 per trip	968
Travel for Project ASSIST Executive Committee members to attend committee meetings will require 6 trips at $243 per trip	1,458
Travel for professional staff to consult with ACS and other members of the Tobacco Free S.C. coalition; will require 50 trips at $62 per trip	3,100
Travel for four project staff to attend three-day S.C. Public Health Association Annual Meeting; will require $305 per person for meals, lodging and transportation and $54 per person for registration fee	1,436
Travel for four project staff to attend a one-day S.C. Association for Health Education Annual Meeting; will require $62 per person for transportation and $91 per person for registration fee	612
Registration fee for staff to attend professional development workshops, such as management courses, skills enhancement for secretaries, will required $305 per 11.2 FTEs per year	3,416

b. National

One person to attend two 2-day coordinating committee meetings in Bethesda, MD; will require $924 per meeting	1,848
Two people to attend two 2-day Information Exchange Conferences in Bethesda, MD; will require $924 per person per meeting	3,696

2023678865

Source: https://www.industrydocuments.ucsf.edu/docs/knjl0000

Two people to attend the STAT (Stop Teenage Addiction to Tobacco) Annual Meeting; will require $972 per person for meals, lodging and transportation and $121 per person for registration fee	2,186
Two people to attend the ASTHO Annual Conference on Public Health Practice of Tobacco Prevention and Control; will require $972 for meals, lodging and transportation and $121 per person for registration fee per person	2,186
Two people to attend the American Public Health Association Annual Meeting; will require $972 per person for meals, lodging and transportation and $121 per person for registration fee	2,186
Total Travel	$ 24,544

4. Computer Equipment

The Center for Health Promotion has IBM-compatible micro computers and 5.0 WordPerfect software. The computers have sufficient memory to store records, send and retrieve electronic mail, and maintain records of project expenditures. The Center also has existing dot matrix and laser printers, cables and connections for each computer.	
Charge for dedicated computer line at sixteen sites at $121 per site per month	23,232
Total Computer Equipment	$23,232

5. Facilities

The Center for Health Promotion has sufficient office, storage and meeting space	
Total Facilities	$ 0

6. Consultants

One person to provide consultation on working with minority or special population groups; will require $607 (including travel) per day for 2 days	$ 1,214

2023678866

Source: https://www.industrydocuments.ucsf.edu/docs/knjl0000

One person to provide consultation to staff and coalition members on legislative advocacy; will require $607 per day for 2 days	1,214
One person to provide consultation to staff and coalition members on coalition development; will require $607 (including travel) per day for 2 days	1,214
One person to provide consultation to staff and coalition members on worksite program implementation and policy development; will require $607 (including travel) per day for 2 days	1,214
One person to provide consultation to staff and coalition members on church program implementation; will require $607 (including travel) per day for 2 days	1,214
Total Consultants	$ 6,070

7. Other Direct Costs

Intervention Funds are requested for mailings, printing of local public relations announcements, media, public relation events and training as listed below:

a.	Site organization and mobilization		$ 11,025
b.	Media		105,384
	Health Care Systems	$10,538	
	Worksites	10,538	
	Schools	21,078	
	Community Networks	10,538	
	Community Environment	52,692	
c.	Policy		152,389
	Health Care Systems	$22,858	
	Worksites	45,717	
	Schools	30,478	
	Community Networks	15,239	
	Community Environment	38,097	

2023678867

Source: https://www.industrydocuments.ucsf.edu/docs/knjl0000

d.	Program Services		152,389
	Health Care Systems	$30,478	
	Worksites	38,097	
	Schools	45,717	
	Community Networks	22,858	
	Community Environment	15,239	
	Total Intervention Costs		$421,187
TOTAL OTHER DIRECT COSTS			$524,231
TOTAL DIRECT COSTS			$1,016,206
D.	INDIRECT COSTS		
	11% of direct labor costs ($397,303)		$ 43,703
TOTAL ESTIMATED COSTS FOR YEAR 05			$1,059,909

2023678868

Source: https://www.industrydocuments.ucsf.edu/docs/knjl0000

SOUTH CAROLINA
AMERICAN STOP SMOKING INTERVENTION STUDY
FOR CANCER PREVENTION (ASSIST)
PHASE II YEAR 06 BUDGET PROPOSAL

COST ITEM	HOURLY RATE	HOURS	AMOUNT
A. DIRECT LABOR			
1. Professional Staff			
a. Fran Wheeler Project Director	$28.21	390	$ 11,002
b. Vacant Project Manager (Program Director)	$26.18	1,950	$ 51,051
c. Vacant Field Director (Project Administrator)	$24.12	1,950	$ 47,034
d. Vacant Field Director (Project Administrator)	$24.12	1,950	$ 47,034
e. Vacant Field Coordinators (3) (Program Info. Coord. II)	$21.70	5,850	$126,945
2. Support Staff			
a. Vacant Administrative Assistant (Business Associate I)	$16.34	1,950	$ 31,863
b. Vacant Administrative Assistant (Exec. Support Specialist)	$14.55	1,950	$ 28,373
c. Vacant Secretary (2) (Adm. Specialist B)	$12.90	3,900	$ 50,310
d. Vacant Clerk (Adm. Specialist A)	$12.06	1,950	$ 23,517
TOTAL DIRECT LABOR		21,840	$417,129

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Source: https://www.industrydocuments.ucsf.edu/docs/knjl0000

1. Professional Staff

   a. Project Director: Serves as Co-chairman of the Executive Committee, ensures the availability of needed resources, resolves project-related problems and provides overall direction for the conduct of the project.

   b. Project Manager: Serves as project manager, responsible for day-to-day operations of the project, works with ACS to ensure continued organization of coalition activities, coordinates operations with Field Director, participates and organizes project-related training, ensures proper record keeping and reporting as required by NCI, directs and supervises Field Director and Administrative Assistants.

   c. Field Director: Ensures implementation of statewide activities, as well as related data collection and maintenance of program records.

   d. Field Director: Ensures that the Smoking Control Plan addresses local and community concerns, supports local smoking coalitions, supervises Field Coordinators.

   e. Field Coordinators: Assists the Field Director in establishing interventions, supporting local coalitions and maintaining project records.

2. Support Staff

   a. Administrative Assistant: Provides budgetary and financial support services for the project.

   b. Administrative Assistant: Provides secretarial and administrative support to Project Management, supervises subordinate secretarial and clerical staff.

   c. Secretary (2): Provides general secretarial support services as needed to accomplish project activities.

   d. Clerk: Provides support for implementation activities and for data acquisition an date entry.

B. FRINGE BENEFITS

18.39% of direct labor cost ($417,129)	$ 76,710
Health and Dental Insurance @ $2,160 time 11.2 FTEs	24,192
TOTAL FRINGE BENEFITS	$100,902
TOTAL DIRECT LABOR AND FRINGE BENEFITS	$518,031

2023678870

Source: https://www.industrydocuments.ucsf.edu/docs/knjl0000

C. OTHER DIRECT COSTS

1. Materials and Supplies

Telephone costs for equipment charge, local and long distance service for 11.2 FTEs at $128 per FTE per month for 12 months	$ 17,203
Office supplies necessary to conduct project activities for 11.2 FTEs at $723 per FTE per year. To include pencils computer paper, printer ribbons, computer disks, legal pads, scotch tape, stapler, staples, calendars, etc.	8,098
Rental of office copier to copy routine correspondence and reports at $347 per month for 12 months	4,164
Computer maintenance cost for 11 computers and printers at $320 per year per computer/ printer	3,520
Postage for mailing and shipping of reports, correspondence, project related materials at $290 per month for 12 months	3,480
Paper for copying and printing of progress and quarterly reports, correspondence, and other project related materials at $174 per month for 12 months	2,088
Letterhead, envelopes, folders, note cards printed with Tobacco Free South Carolina for use by Project Staff	2,900
Promotional supplies to used by project staff and coalition members	10,350
Total Material and Supplies	$ 51,803

2. Equipment

DHEC has access to FAX machines, slide projectors, VHS equipment, overhead projectors, and typewriters.	
Total Equipment	$ 0

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Source: https://www.industrydocuments.ucsf.edu/docs/knjl0000

3. Travel

a. Local

Travel for professional staff to provide technical assistance and consultation to local coalitions; will require 12 overnight trips at $127 per trip	$ 1,524
Travel for professional staff to provide assistance in development of local coalition action plans and logistical support for training efforts will require 8 overnight trips at $127 per trip	1,016
Travel for Project ASSIST Executive Committee members to attend committee meetings will require 6 trips at $255 per trip	1,530
Travel for professional staff to consult with ACS and other members of the Tobacco Free S.C. coalition; will require 50 trips at $65 per trip	3,250
Travel for four project staff to attend three-day S.C. Public Health Association Annual Meeting; will require $320 per person for meals, lodging and transportation and $57 per person for registration fee	1,508
Travel for four project staff to attend a one-day S.C. Association for Health Education Annual Meeting; will require $65 per person for transportation and $96 per person for registration fee	644
Registration fee for staff to attend professional development workshops, such as management courses, skills enhancement for secretaries, will required $320 per 11.2 FTEs per year	3,584

b. National

One person to attend two 2-day coordinating committee meetings in Bethesda, MD; will require $970 per meeting	1,940
Two people to attend two 2-day Information Exchange Conferences in Bethesda, MD; will require $970 per person per meeting	3,880

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Source: https://www.industrydocuments.ucsf.edu/docs/knjl0000

Two people to attend the STAT (Stop Teenage Addiction to Tobacco) Annual Meeting; will require $1,021 per person for meals, lodging and transportation and $127 per person for registration fee	2,296
Two people to attend the ASTHO Annual Conference on Public Health Practice of Tobacco Prevention and Control; will require $1,021 for meals, lodging and transportation and $127 per person for registration fee per person	2,296
Two people to attend the American Public Health Association Annual Meeting; will require $1,021 per person for meals, lodging and transportation and $127 per person for registration fee	2,296
Total Travel	$ 25,764

4. Computer Equipment

The Center for Health Promotion has IBM-compatible micro computers and 5.0 WordPerfect software. The computers have sufficient memory to store records, send and retrieve electronic mail, and maintain records of project expenditures. The Center also has existing dot matrix and laser printers, cables and connections for each computer.

Charge for dedicated computer line at sixteen sites at $127 per site per month	24,384
Total Computer Equipment	$24,384

5. Facilities

The Center for Health Promotion has sufficient office, storage and meeting space

Total Facilities	$ 0

6. Consultants

One person to provide consultation on working with minority or special population groups; will require $637 (including travel) per day for 2 days	$ 1,274

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Source: https://www.industrydocuments.ucsf.edu/docs/knjl0000

One person to provide consultation to staff and coalition members on legislative advocacy; will require $637 per day for 2 days			1,274
Total Consultants			$ 2,548

7. Other Direct Costs

Intervention Funds are requested for mailings, printing of local public relations announcements, media, public relation events and training as listed below:

a.	Site organization and mobilization		$ 11,576
b.	Media		110,800
	Health Care Systems	$11,080	
	Worksites	11,080	
	Schools	22,160	
	Community Networks	11,080	
	Community Environment	55,400	
c.	Policy		159,935
	Health Care Systems	$23,990	
	Worksites	47,980	
	Schools	31,987	
	Community Networks	15,994	
	Community Environment	39,984	
d.	Program Services		159,935
	Health Care Systems	$31,987	
	Worksites	39,984	
	Schools	47,980	
	Community Networks	23,990	
	Community Environment	15,994	
Total Intervention Costs			$442,246
TOTAL OTHER DIRECT COSTS			$546,745
TOTAL DIRECT COSTS			$1,064,776
D. INDIRECT COSTS			
11% of direct labor costs ($417,129)			$ 45,884
TOTAL ESTIMATED COSTS FOR YEAR 06			$1,110,660

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Source: https://www.industrydocuments.ucsf.edu/docs/knjl0000

AMERICAN STOP SMOKING INTERVENTION STUDY FOR CANCER PREVENTION (ASSIST) PHASE II YEAR 07 BUDGET PROPOSAL

COST ITEM

	HOURLY RATE	HOURS	AMOUNT
A. DIRECT LABOR			
1. Professional Staff			
a. Fran Wheeler Project Director	$29.62	390	$ 11,552
b. Vacant Project Manager (Program Director)	$27.49	1,950	$ 53,606
c. Vacant Field Director (Project Administrator)	$25.33	1,950	$ 49,394
d. Vacant Field Director (Project Administrator)	$25.33	1,950	$ 49,394
e. Vacant Field Coordinators (3) (Program Info. Coord. II)	$22.79	5,850	$133,322
2. Support Staff			
a. Vacant Administrative Assistant (Business Associate 1)	$17.16	1,950	$ 33,462
b. Vacant Administrative Assistant (Exec. Support Specialist)	$15.28	1,950	$ 29,796
c. Vacant Secretary (2) (Adm. Specialist B)	$13.55	3,900	$ 52,845
d. Vacant Clerk (Adm. Specialist A)	$12.66	1,950	$ 24,687
TOTAL DIRECT LABOR		21,840	$438,058

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Source: https://www.industrydocuments.ucsf.edu/docs/knjl0000

1. Professional Staff

a. Project Director: Serves as Co-chairman of the Executive Committee, ensures the availability of needed resources, resolves project-related problems and provides overall direction for the conduct of the project.

b. Project Manager: Serves as project manager, responsible for day-to-day operations of the project, works with ACS to ensure continued organization of coalition activities, coordinates operations with Field Director, participates and organizes project-related training, ensures proper record keeping and reporting as required by NCI, directs and supervises Field Director and Administrative Assistants.

c. Field Director: Ensures implementation of statewide activities, as well as related data collection and maintenance of program records.

d. Field Director: Ensures that the Smoking Control Plan addresses local and community concerns, supports local smoking coalitions, supervises Field Coordinators.

e. Field Coordinators: Assists the Field Director in establishing interventions, supporting local coalitions and maintaining project records.

2. Support Staff

a. Administrative Assistant: Provides budgetary and financial support services for the project.

b. Administrative Assistant: Provides secretarial and administrative support to Project Management, supervises subordinate secretarial and clerical staff.

c. Secretary (2): Provides general secretarial support services as needed to accomplish project activities.

d. Clerk: Provides support for implementation activities and for data acquisition an date entry.

B. FRINGE BENEFITS

18.76% of direct labor cost ($438,058)	$ 82,180
Health and Dental Insurance @ $2,268 time 11.2 FTEs	25,402
TOTAL FRINGE BENEFITS	$107,582
TOTAL DIRECT LABOR AND FRINGE BENEFITS	$545,640

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Source: https://www.industrydocuments.ucsf.edu/docs/knjl0000

C. OTHER DIRECT COSTS

1. Materials and Supplies

Telephone costs for equipment charge, local and long distance service for 11.2 FTEs at $134 per FTE per month for 12 months	$ 18,010
Office supplies necessary to conduct project activities for 11.2 FTEs at $759 per FTE per year. To include pencils computer paper, printer ribbons, computer disks, legal pads, scotch tape, stapler, staples, calendars, etc.	8,500
Rental of office copier to copy routine correspondence and reports at $364 per month for 12 months	4,368
Computer maintenance cost for 11 computers and printers at $336 per year per computer/ printer	3,696
Postage for mailing and shipping of reports, correspondence, project related materials at $305 per month for 12 months	3,660
Paper for copying and printing of progress and quarterly reports, correspondence, and other project related materials at $183 per month for 12 months	2,196
Letterhead, envelopes, folders, note cards printed with Tobacco Free South Carolina for use by Project Staff	3,045
Promotional supplies to used by project staff and coalition members	11,089
Total Material and Supplies	$ 54,564

2. Equipment

DHEC has access to FAX machines, slide projectors, VHS equipment, overhead projectors, and typewriters.

Total Equipment $ 0

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Source: https://www.industrydocuments.ucsf.edu/docs/knjl0000

3. Travel

a. Local

Travel for professional staff to provide technical assistance and consultation to local coalitions; will require 12 overnight trips at $133 per trip	$ 1,596
Travel for professional staff to provide assistance in development of local coalition action plans and logistical support for training efforts will require 8 overnight trips at $133 per trip	1,064
Travel for Project ASSIST Executive Committee members to attend committee meetings will require 6 trips at $268 per trip	1,608
Travel for professional staff to consult with ACS and other members of the Tobacco Free S.C. coalition; will require 50 trips at $68 per trip	3,400
Travel for four project staff to attend three-day S.C. Public Health Association Annual Meeting; will require $336 per person for meals, lodging and transportation and $60 per person for registration fee	1,584
Travel for four project staff to attend a one-day S.C. Association for Health Education Annual Meeting; will require $68 per person for transportation and $101 per person for registration fee	676
Registration fee for staff to attend professional development workshops, such as management courses, skills enhancement for secretaries, will required $336 per 11.2 FTEs per year	3,763

b. National

One person to attend two 2-day coordinating committee meetings in Bethesda, MD; will require $1,019 per meeting	2,038
Two people to attend two 2-day Information Exchange Conferences in Bethesda, MD; will require $1,019 per person per meeting	4,076

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Source: https://www.industrydocuments.ucsf.edu/docs/knjl0000

Two people to attend the STAT (Stop Teenage Addiction to Tobacco) Annual Meeting; will require $1,072 per person for meals, lodging and transportation and $133 per person for registration fee	2,410
Two people to attend the ASTHO Annual Conference on Public Health Practice of Tobacco Prevention and Control; will require $1,072 for meals, lodging and transportation and $133 per person for registration fee per person	2,410
Two people to attend the American Public Health Association Annual Meeting; will require $1,072 per person for meals, lodging and transportation and $133 per person for registration fee	2,410
Total Travel	$ 27,037

4. Computer Equipment

The Center for Health Promotion has IBM-compatible micro computers and 5.0 WordPerfect software. The computers have sufficient memory to store records, send and retrieve electronic mail, and maintain records of project expenditures. The Center also has existing dot matrix and laser printers, cables and connections for each computer.

Charge for dedicated computer line at sixteen sites at $133 per site per month	25,536
Total Computer Equipment	$25,536

5. Facilities

The Center for Health Promotion has sufficient office, storage and meeting space

Total Facilities	$ 0

6. Consultants

One person to provide consultation on working with minority or special population groups; will require $669 (including travel) per day for 2 days	$ 1,338

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Source: https://www.industrydocuments.ucsf.edu/docs/knjl0000

One person to provide consultation to staff and coalition members on legislative advocacy; will require $669 per day for 2 days			1,338
Total Consultants			$ 2,676

7. Other Direct Costs

Intervention Funds are requested for mailings, printing of local public relations announcements, media, public relation events and training as listed below:

a.	Site organization and mobilization		$ 12,000
b.	Media		115,000
	Health Care Systems	$11,500	
	Worksites	11,500	
	Schools	23,000	
	Community Networks	11,500	
	Community Environment	57,500	
c.	Policy		168,679
	Health Care Systems	$25,301	
	Worksites	50,604	
	Schools	33,736	
	Community Networks	16,868	
	Community Environment	42,170	
d.	Program Services		168,679
	Health Care Systems	$33,736	
	Worksites	42,170	
	Schools	50,604	
	Community Networks	25,301	
	Community Environment	16,868	
Total Intervention Costs			$464,358
TOTAL OTHER DIRECT COSTS			$574,171
TOTAL DIRECT COSTS			$1,119,811
D. INDIRECT COSTS			
11% of direct labor costs ($438,058)			$ 48,186
TOTAL ESTIMATED COSTS FOR YEAR 07			$1,167,997

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Source: https://www.industrydocuments.ucsf.edu/docs/knjl0000

II. TOTAL COMPENSATION PLAN

A. Pay Plan

B. Professional Compensation

C. Labor Relations

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Source: https://www.industrydocuments.ucsf.edu/docs/knjl0000

II. TOTAL COMPENSATION PLAN

The pay plan and fringe benefits for South Carolina State Employees are adequate to recruit and retain high level staff who will remain with the project. The compensation plan recognizes the distinct differences in professional skills and the complexity of varied disciplines as well as job difficulty. These will be discussed in the Pay Plan and Professional Compensation Sections. The South Carolina Department of Health and Environmental Control has a good working relationship with the State employees as discussed in the Labor Relations Section.

A. Pay Plan

Employees of the S.C. Department of Health and Environmental Control are governed by regulations of the Division of Human Resource Management of the Budget and Control Board. The Division of Human Resource Management acts as the agent of the Budget and Control Board in the administration of all policies and procedures relating to the Pay Plan. The Division is charged with establishing a uniform Pay Plan to consist of (1) the official Classification Listing, (2) the official Pay Schedule, and (3) the policies and procedures governing the administration of the Pay Plan. Classifications of positions are based upon an analysis of the duties and the responsibilities of each position and are established and maintained on a current basis. The classification plan includes an appropriate title for each class of position, a description of the duties and responsibilities of positions in the class and minimum requirements of education, training, experience, skills, knowledge, abilities and other qualifications necessary for entry into the class. The positions descriptions of the staff requested in this contract are given in Appendix B.

A pay grade for each position is set according to the nature of work and degree of education and experience required. Unless there is specific justification to the contrary, new employee salaries begin at the entrance rate for the position to which appointed. All employees are paid in accordance with the rates shown in the official Pay Schedule shown in Appendix C.

Subject to annual approval by the South Carolina General Assembly, the compensation plan provides for an annual salary increase to coincide with performance evaluations. Normally salary increases (merit raises) are made effective the first payroll period following the employee's review date.

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Source: https://www.industrydocuments.ucsf.edu/docs/knjl0000

Total compensation is composed of annual salary plus fringe benefits. A summary of information about the basic employee benefits available to South Carolina State Employees is outlined below. See Appendix D for an example of the dollar value of fringe benefits in one year for an employee whose annual salary is $20,000.

Sick Leave: All permanent full-time employees receive fifteen days of sick leave each year for personal illness and necessary medical appointments. Employees earning sick leave may use five (5) days of sick leave annually to care for defined family relationships.

Annual Leave: All permanent full-time employees receive fifteen days of annual leave each year for personal business and vacations. Permanent employees earn bonus leave credits after having been employed by the State for ten cumulative years. Upon separation from State Service, an employee will receive compensation for up to 45 unused annual leave days.

Military Leave: Any employee who is a member of the United States Armed Forces Reserves or the National Guard will be allowed fifteen days of leave with pay for annual training. Thirty additional days will be granted in the event of a declared emergency.

Holidays: Employees receive 11 paid holidays plus one additional holiday to be selected by the employee.

Death in Family Leave: An employee will be allowed up to three consecutive work days of leave with pay at the death of a member of the immediate family. Immediate family is defined as the spouse, greatgrandparents, grandparents, parents, brothers, sisters, children, grandchildren, and great grandchildren of either the employee or the spouse.

Court Leave: Any employee who is summoned as a juror or subpoenaed as a witness shall be granted leave with pay except where the employee is engaged in personal litigation.

Election Leave: An employee whose voting precinct is located away from the work vicinity will be allowed up to two hours of leave with pay to vote if the distance is far enough away from the work station to preclude voting before or after work hours.

State Group Insurance: The State Health Plan offers broad health care coverage to state employees. Basic coverage is available to each full-time employee. For an

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Source: https://www.industrydocuments.ucsf.edu/docs/knjl0000

additional premium, an employee may purchase: expanded health coverage for himself/herself; dependent coverage; or membership in an HMO plan. Other insurance benefits available through Insurance Services include: $3,000 Life Insurance (provided by the state at no cost to employees); Dental Coverage (provided by the state at no cost to employees); and Money Plus Program. Project expenses in certain categories can be subtracted from gross income to reduce taxable income. Categories included are: health and dental insurance premiums; child-care costs; cost of long-term care insurance.

Retirement: Employees are eligible for full retirement benefits at age 65 or upon completion of 30 years of service. Employees contribute 6% of salary to their retirement. The State contributes 7.3% of payroll. Long-Term Disability coverage is provided by the State at no cost to active employees. Provisions for earlier retirement are available. If an active employee dies with at least one year's contribution into the System, the beneficiary is entitled to receive the equivalent of one year's salary as a benefit.

Social Security: Employees are automatically enrolled in the Federal Social Security System. The amount paid into the Federal Social Security System is matched by the State.

Workers' Compensation: Workers' Compensation was created to benefit the employee who sustains an injury or illness arising out and in the course of their employment.

Unemployment Compensation: All employees are covered under the unemployment insurance program which is administered through the South Carolina Employment Security Commission.

B. Professional Compensation

The Division of Human Resource Management and the S.C. Department of Health and Environmental Control utilize four methods to insure that salary rates recognize the distinct differences in professional skills and the complexity of varied disciplines as well as job difficulty. These methods are outlined below.

Hiring Above Minimum of Grade: An employee is usually hired at the minimum of the grade. However, if the employee has training and/or experience above the minimum for the class and is determined exceptionally well qualified for the position, the employee can be hired above the minimum of the grade. Salary above the minimum

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Source: https://www.industrydocuments.ucsf.edu/docs/knjl0000

is generally computed at the rate of five percent for each year of related experience above that required for the class.

Grade Reallocations: A grade reallocation occurs as a result of an occupational study conducted with job market data and/or internal comparisons indicate that a classification or class series needs to be assigned to a high pay grade. This process usually includes a pay survey of comparable positions within the private sector of South Carolina and with public positions in other southeastern states. An occupational study affecting classifications utilized by the S.C. Department of Health and Environmental Control is generally initiated in one of three ways: (1) the need is identified by the Bureau of Personnel Services based on recruiting, retention, and turnover trends which are analyzed on an regular ongoing basis; (2) requested by program managers based on difficulties in recruiting due to local competitive employers, staff resigning for better salaries in comparable jobs, etc,; and (3) initiated by another agency of the Division of Human Resource Management based on salary data that has been collected.

Special Salary Adjustments: In very unique circumstances, Special Salary Adjustments can be awarded to employees. The three criteria normally used to justify a Special Salary Adjustment include: (1) the need to retain an individual with specialized skills that are unique and essential to the functioning of a work unit; (2) to retain a highly valued staff member who has a valid job offer that can be confirmed; (3) to relieve severe salary inequities among staff within the same classification, organizational unit, and similar lengths of services; and (4) to provide temporary salary increase when an individual has assumed job duties of a high level of responsibility for a specified period of time.

Reclassifications: At the time an individual is employed, he/she is assigned to a classification title and corresponding pay grade. In the event job duties are changed by management, or a natural change occurs in duties or responsibilities, the position may need to be reclassified to another classification title with a higher or lower pay grade. Factors which are considered when a position is submitted for reclassification include a review of the organizational structure where the position is located and its relationship with other positions and a review of other employee's position description which are assigned to the same class or similar classification.

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Source: https://www.industrydocuments.ucsf.edu/docs/knjl0000

C. Labor Relations

The South Carolina State employees are not unionized. The South Carolina State Employee's Association (SCSEA) is the only organization in the State working full time for state employees. This association provides a way for state employees to work together for their mutual interests and give them a voice in determining policies and programs developed for State employees' welfare. The SCSEA sponsors group insurance, discount purchase plans and works to promote legislation for higher pay, improved working conditions and other benefits.

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Source: https://www.industrydocuments.ucsf.edu/docs/knjl0000

III. QUALIFICATIONS OF THE OFFEROR

A. General Experience

B. Organizational Experience Related to RFP

C. Performance History

D. Pertinent Contracts

E. Pertinent Grants

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Source: https://www.industrydocuments.ucsf.edu/docs/knjl0000

III. QUALIFICATIONS OF THE OFFEROR

A. General Experience:

This section discusses the experience and capabilities of the South Carolina Department of Health and Environmental Control (SC DHEC) relevant to the leadership and management of Project ASSIST including fiscal and administrative management of large complex projects; performance of diverse management support functions; public health and health promotion community intervention; and demonstrated ability to convene and coordinate within the constituency.

1. Fiscal and Administrative Management:

SC DHEC is the state public health agency with the mission of protecting the public's health and environment. As the principal advisor to the state on public health, the agency has the responsibility and the authority to prevent, abate and control pollution and health problems. In support of this mission, the agency serves the states' citizens by:

- Protecting and promoting health and environmental quality through prevention, education, advocacy, regulation and services;
- Assuring the provision of health care services to the public by promoting the participation of private sector providers and delivering services directly;
- Developing state policies for health and environmental protection;
- Monitoring the public health and environmental status of the state;
- Expanding knowledge through epidemiology and applied research on health and environmental issues.

Programs and services are targeted to the general public, the regulated community and specific groups according to health needs, age, and economic status.

The co-existence of personal and environmental health within the agency allows identification of holistic strategies which impact on health issues. Within the agency central office, located in Columbia, there are Bureaus, Divisions, and Offices to oversee and assure that the agency's health and environmental missions are carried out. This is accomplished through linkages with the district and county offices throughout the state.

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Source: https://www.industrydocuments.ucsf.edu/docs/knjl0000

Diverse management functions are facilitated by the geographic small size of the state and the location of the capital and the agency central office in the geographic center of the state. These factors allow efficient access to the total population, with diverse individuals and groups able to meet in the central area of the state with minimal travel time and expense.

The organizational chart in Appendix E illustrates the line and staff relationships within the agency. The agency is directed by a board, made up of one member from each of six congressional districts and one member at-large. Members are appointed by the governor for four year terms with the advice and consent of the Senate. The board determines agency policy, approves legislation and regulations to be presented to the General Assembly, decides legal matters that come before the agency, and is responsible for the appointment of the agency Commissioner.

Under the Commissioner are the Offices of General Counsel, External Affairs, Assessment and Quality Assurance, Planning and Policy Development, and Internal Audits. There also are four Deputy Commissioners: Health Regulations, Administrative Services, Environmental Quality Control, and Health Services. Through each of the Deputy areas, assessment, planning, intervention and evaluation activities are coordinated and carried out with district and county staff at the local level.

The Chart below depicts how funding is dispersed to the four Deputy areas.

SC DHEC FY 1991 Appropriation by Deputy Area

Administrative Services	$ 20,263,648
Health Services	202,288,818
Health Regulations	7,177,522
Environmental Quality Control	30,980,573
TOTAL	$260,710,561

The fifteen public health districts provide a direct administrative link to the 46 county health departments which are the basic units from which community health programs are implemented. Central office personnel provide program direction, administrative assistance, and technical consultation to the district and county staff, who provide direct community services. This includes direction and assistance in budgeting and allocation of

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Source: https://www.industrydocuments.ucsf.edu/docs/knjl0000

funds, program planning and development, service delivery, and evaluation of program effectiveness.

The strong linkage between state, district and local health department offices is somewhat unique among state health agencies and offers important advantages in implementation of statewide public health programs. With overall direction and program standards set at the state level, local health departments can adapt services to meet local needs most effectively.

2. Diverse Management Support Functions:

The agency is committed to an effective, efficient and accountable management and recruits qualified staff in the health and environmental sciences and administrative professions. Management of the agency is implemented through the participative team approach which allows employees to make contributions to the decision-making process.

Traditional management support functions of the agency are carried out under the Deputy Commissioner for Administrative Services. The mission of Administrative Services is to provide direction, supervision and coordination in the development and maintenance of the agency's budgets; and to provide direction and coordination in administration of the expenditure, appropriation and authorization of grants, contracts, and other funds. Administrative Services includes the Bureaus of Budgets, Business Management, Information Resource Management, Finance, and Personnel:

The Bureau of Budgets provides direction, supervision and coordination in the development and maintenance of the agency's budgets; and provides direction and coordination in administration of the expenditure/appropriation and authorization for grants, contracts, and other funds.

The Bureau of Business Management provides supportive services in areas of procurement of goods and services; facility management; central supply mail and courier operations; motor vehicle management/maintenance; printing, photography, and graphics; minority business program; and security services. The Bureau maintains a continuous review of state/federal laws, policies and procedures to assist in the management process of the agency.

The Bureau of Information Resource Management provides all units of the Agency with data

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Source: https://www.industrydocuments.ucsf.edu/docs/knjl0000

management service (consultative, planning, development, and operational) and information technology services necessary to assist in the effective and efficient management of the agency. The State Legislature appropriated four million dollars in the FY91 budget for the expansion of the computer network so that all agency sites throughout the state have access and sufficient staff to assure efficiency in computer and communications processing and reductions in the volume of paper transactions. Through the Medical Library and the Education Resource Center, this Bureau also provides public and professional access to professional journals and to print and audiovisual materials.

The Bureau of Finance supports the fiscal policies of the agency and exercises responsibility for the fiscal management of the agency. The Bureau is responsible for submitting invoices/financing request and financial reports for grants, cooperative agreements, and contracts administered by the agency.

The Bureau of Personnel provides departmental personnel and administrative support services in recruitment, position classifications, personnel guidance and evaluation, employee benefits, affirmative action, personnel records, salary administration, merit system administration and other facets of personnel management services. This Bureau also implements agency training programs to assure that agency personnel have knowledge and skills necessary to perform high quality work.

In addition to these traditional types of management supports, the agency has other support offices at the Commissioner's level and at the level of the Deputy Commissioner for Health Services. The offices at the Commissioner's level assure that external and internal diverse and complex issues for which the agency is responsible are identified and managed in an efficient manner without duplication of efforts and resources within the agency and the South Carolina community. The functions of these offices are described below:

The Office of External Affairs supports the agency's mission by increasing community awareness of all agency programs, services and capabilities at the state and local level; establishes linkages with other agencies and organizations to carry out programs and services in the community; increases the agency's customer service orientation to assure

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Source: https://www.industrydocuments.ucsf.edu/docs/knjl0000

that health services are marketed appropriately to the community; and provides the legislature with information on the health and environmental issues for which the agency is responsible.

The Office of Assessment and Quality Assurance develops and maintains systems that assure the quality of all agency operations, including internal processes as well as services to the public; and monitors the health and environmental status of the state. These activities assure that throughout the agency at the state and local levels health services and programs needed are being implemented in the most effective and efficient manner possible.

The Office of Internal Audits assists all members of management and the agency Board in the effective and efficient discharge of their responsibilities within the scope of existing laws and regulations. The office examines, analyzes, and appraises agency financial and operational activities and recommends changes in policy and procedures, where necessary; and provides counsel to management on current and future complex accounting and control matters.

The Office of General Counsel represents the agency in adversary proceedings, in administrative forums, and in the state and federal courts; advises program administrators on legal matters pertaining to program implementation and service delivery; advises agency administrative officials on policy questions and operating problems; drafts and revises legislation and regulations necessary to protect the public's health and the quality of the state's environment; assures compliance by the agency with the provisions of state and federal law, including the State Administrative Procedures Act and the State Tort Claims Act; and answers inquiries from members of the public involving laws and program administered by the agency.

The Office of Planning and Policy Development strengthens the management of agency resources for health and environmental protection through planning and policy information; directs a Planning for Effective Management Program which organizes strategic, long range and operational planning activities in a comprehensive framework to address public health and environmental needs of the state; establishes the context and framework for public health and environmental policy development; promotes the agency's role in public health policy

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development by serving as liaison with interagency councils addressing health and environmental concerns; and conducts policy and analysis evaluation activities for the agency's policy makers.

The Office of Vital Records and Public Health Statistics collects health-related data on a routine basis by legal registration and statistical recording of vital events of birth, death, marriage, divorce and annulment, and abortion; provides certification of birth, death, marriage, and divorce events upon request to the public at large; provides all units of the agency and public and private organizations with bio-statistical services, including statistical consultation, data analysis and interpretation, sample and survey design, analysis and dissemination of vital statistics, and statistical modeling.

The Office of Minority Health is responsible for carrying out the recommendations of State Minority Health Task Force. It focuses on activities designed to improve minority access to health care services in order to reduce the gap between the black and white health status is South Carolina.

At the level of the Deputy Commissioner for Health Services are six professional offices that support the complementary and interdependent roles of central office and local staff in managing health service programs. These offices and their missions are:

The Office of Nursing is responsible for providing leadership for the planning, organization, practice, and evaluation of nursing services throughout the agency to achieve the agency mission of preventing health problems and promoting health. Goals include: Bachelor of Science in Nursing in preparation of nursing staff; patient outcome measures in all programs; development and utilization of epidemiologic skills by public health nurses; and applied research in public health nursing interventions. All 15 agency public health districts are fully accredited by the National League for Nursing.

The Office of Nutrition is responsible for overall planning, organization, supervision and coordination of the nutrition component of health care within DHEC. This office has been supportive of the education efforts of the American Red Cross,

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American Cancer Society, South Carolina Affiliate of the American Heart Association, March of Dimes, and other health related associations. In 1989, this office organized the South Carolina Inter-Agency Council on Hunger and Nutrition.

The Office of Social Work is responsible for overall planning, organization, direction, supervision and coordination of Social Work Services within the agency. District Social Work Directors are responsible for planning, supervising and coordinating social work services in the district as well initiating social work services for patient populations with emerging need for social work services. Social Work staff provide services such as support groups for parents of handicapped children, child birth, labor and delivery; stress reduction/relaxation classes for pre-natals and developing and equipping children's play areas in waiting rooms.

The Office of Dental Health is established to improve the oral health of South Carolina's citizens. Through disease prevention, personal health promotion, and active support of other dental health providers, this office seeks to ensure that every person has access to oral health services along with knowledge to maintain wellness. The Dental office in cooperation with the Division of Water Supply provides consultation and support to local communities regarding fluoridation of water systems. Dental screening and educational sessions are conducted in public schools and in health department clinics. Dental Sealant Projects are conducted in school systems, with dental staff working with school nurses and teachers to provide oral health education to the students.

The Office of Health Education coordinates quality assurance, consultation, and professional education for more than 65 health education consultants within the department. Its mission is to provide overall planning, organization, direction, supervision and coordination of the public health education component with DHEC. This includes the setting and monitoring of public health education standards of practice and providing leadership and support in the development, implementation and evaluation of public health education services.

The Office of Primary Care facilitates the provision of primary health care services to residents of the

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rural areas of South Carolina by identification and coordination of resources, cooperation and provision of technical assistance with Primary Care Centers and cooperation with the South Carolina Primary Care Association The office also facilitates placement of health manpower in rural undeserved areas by administration of the National Health Service Corps Program and the Physician Information Exchange Program.

3. Public Health and Health Promotion Community Intervention

Community intervention in public health and health promotion are the purview of the Deputy Commissioner for Health Services. The fifteen public health districts are under his direct supervision. Each health district is managed by a District Health Director with a management team consisting of a District Administrator, and District Directors of Nursing, Health Education, Social Work, Nutrition, Environmental Health and Environmental Quality Control. The health programs that are implemented at the local level also are under the Deputy Commissioner's direct supervision at the state level, thus assuring a strong linkage that results in effective statewide program operation. The community health programs under the direction of the Deputy Commissioner for Health Services are organized into six Bureaus:

The Bureau of Maternal and Child Health is responsible for providing health services for mothers and children to reduce infant mortality and the incidence of preventable disease and handicapping conditions among children; for rehabilitative services for blind and disabled individuals under age 16; and for treatment and care of crippled children. WIC Program services provide supplemental foods and nutrition education to eligible women, infants, and children. The Bureau also offers screening for metabolic disorders in infants education, voluntary screening, genetic counseling and referral services to children and adults with sickle cell disease. The Baby Net Project provides for development and implementation of a statewide, comprehensive, coordinated, multi-disciplinary interagency program of early intervention services for handicapped infants and toddlers and their families. Comprehensive voluntary family planning services are available to all persons desiring such services. All county health departments provide prenatal services to the indigent population of

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South Carolina. Services provided through this bureau in FY90 were as follows:

Prenatal Services	29,098
Family Planning	115,025
WIC	7,130
Children's Health	60,105
Children Rehabilitative Services	8,568

The Bureau of Preventive Health Services is responsible for the study, prevention, and control of communicable diseases, including sexually transmitted diseases and tuberculosis, and for establishing and maintaining immunization programs for the control of vaccine-preventable diseases. The Bureau of Preventive Health Services includes the Division of Health Hazard Evaluation. This division investigates the causes, character, and means of prevention of epidemic and endemic diseases and the influence of environmental factors in these disease. Patients served through this bureau in FY90 were as follows:

Sexually Transmitted Diseases	18,096
Syphilis Treatment	191
AIDS, HIV	982
Tuberculosis Cases	477
Tuberculosis Contacts	5,235
Immunizations	377,520

The Bureau of Environmental Health is responsible for promulgating and enforcing regulations regarding sanitation of all public and private food services establishments and retail food stores; regulations regarding the production, processing, storing, labeling, transportation, and selling of milk and milk products, regulations regarding the sanitation of hotels, camps, schools, ice plants, adult day care facilities, mobile home parks, methods of on-site disposal and treatment of sewage, approval of subdivisions and the control of rabies; regulations for control of disease bearing insects. Services provided through the bureau in FY90 were as follows:

Inspections of dairy farms/ pasteurization plants	3,773
Dairy Product Samples	9,085
Food Service Inspections	67,639
On-site waste water disposal and private water supply inspection	123,187

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Daycare/Foster Home Inspection	3,583
Septic Tank Inspections	113,833
Vector control inspections	18,926
Total Activities for public awareness about potentially hazardous products	1,800

The Bureau of Home Health Service and Community Long-Term Care is a large earned-fund ($35 million) program that is responsible for providing home health services to citizens who have illness or injuries that do not require services in an institution, but do require professional and supportive health care in their homes on an intermittent basis in collaboration with the attending physician. A total of 20,390 families receive this service in FY 89. The Personal Care Aide Program of this Bureau is responsible for restoring, maintaining, and promoting the health status of persons who are in need of home support of and assistance with activities of daily living, medical monitoring, and escort services in collaboration with appropriate care teams and payment sources. In FY 89, 2,680 families received these services.

The Bureau of Laboratories is responsible for supporting agency programs and other governmental health care providers in the public medical community by providing diagnostic services; by assisting in the prevention and surveillance of infectious and chronic diseases; by identifying environmental hazards, and by detecting treatable congenital disorders.

The Center for Health Promotion is responsible for programs and services addressing the leading causes of death in South Carolina - heart disease, cancer and stroke. The Center's efforts are focused on smoking, exercise and diet. Program activities and experience are described in more detail in Section III. B.

4. Coordination Efforts of Diverse Groups within the Constituency:

The agency works within the state political and institutional system to create the necessary public interest and support for health programs. Agency leadership takes a broad view of the health issues that affect the citizens of South Carolina. At the state and local level agency staff collaborate with private and public organizations to instill ownership of health problems by appropriate constituencies and to assure that

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a holistic approach is taken to meeting health needs through the involvement of agencies and organizations with differing and specific resources and expertise to impact on differing and specific parts of the problem to wholly resolve health problems of common interest.

DHEC has made special efforts to build a strong relationship with the private medical sector. Some of these initiatives described as follows:

The Obstetrics Task Force was established by the Commissioner in 1988 to study the problem of the lack of access to prenatal care for pregnant women in South Carolina. Task Force representatives include practicing obstetricians, family practice physicians, and representatives of Health and Human Services Finance Commission, Department of Social Services, South Carolina Medical Association, South Carolina Hospital Association, the Governor's Office, and SC DHEC. As a result of task force recommendations, action taken has included: increasing medicaid eligibility level for pregnant women to 185% of poverty; increasing the medicaid fee for private obstetric care to keep in line with the private sector fees; and streamlining the medicaid eligibility process.

The Family Practice Task Force was organized by the Commissioner because of concerns identified in the Obstetrics Task Force and a recognized need to study access to health care of other populations. This task force was formed in 1989 with membership including family practice physicians, Department of Social Services, USC College of Nursing, Health and Human Services Finance Commission, South Carolina Hospital Association, a Minority Health Task Force Representative, and the SC DHEC Commissioner. Recommendations from the task force included: a request that the SC DHEC District Health Directors meet regularly with local physician groups to provide updates of health department services; SC DHEC investigate the possibility of providing oral contraceptives at cost to private physicians for prevention of unplanned pregnancy in low income women; all agencies and institutions initiate and complete medicaid eligibility for newborns as early as possible to prevent delay in health care; local and legislative efforts to promote excellence in public education should be supported. Action is currently being taken on these recommendations.

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The Newborn - Infant Task Force organized by the Commissioner is composed of the same organizations as the Obstetric and Family Practice Task Forces and was organized to study the access of infants and newborns to medical care. The task force recommended that infants born to Medicaid recipient mothers automatically have medicaid eligibility throughout the first year of life and that efforts be initiated to promote family planning as a primary prevention program. This task force is maintained as part of the South Carolina Partnership for Healthy Generations, a special project to correct health care systems problems to meet the goal of a reduction in the state infant mortality rate to 9.1 by 1992. A main strategy focuses on six large, resource-rich counties, four with Level III health centers, which have been identified as accounting for 43% of the state's excess infant mortality and 33% of all births. An Infant Mortality Task Force has been established in each of these counties with a staff person to support the task force.

The Dental Health Task Force convened in January, 1990, with representatives of the Office of Dental Health, USC School of Public Health, MUSC School of Dentistry, Commission on Aging, Department of Social Services, Health and Human Services Finance Commission, Department of Education, dentists in the private sector, dental hygienists, a public school principal and a school nurse to study existing dental health needs and existing resources in South Carolina. The Task Force is developing recommendations for services. When recommendations are completed in September, 1990, a subcommittee will be formed from this group to develop implementation strategies.

The agency also maintains a cooperative relationship other agencies, organizations and special interest groups to resolve health-related issues include. Some examples include:

The AIDS Task Force is a multi-disciplinary group organized in 1986 by the Commissioner to advise the agency on AIDS-related programs and to provide a forum for communicating information and ideas as the course of the epidemic unfolded. Task Force membership consists of persons drawn from a wide range of professional experiences including health care, public health, social service, correctional work, drug abuse treatment, churches, schools, private industry, and academia. The Task Force has

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worked on plans and policies in the areas of epidemiology, health care, health education and legislation. As a result, state policies have been developed, and counseling and education programs established.

The Minority Health Task Force was established by the Commissioner as a result of an agency study of the health status of the state indicating that blacks in South Carolina suffer more health problems and die earlier than whites. The mission of this task force is to study the problem and make recommendations regarding access, availability, and appropriateness of health care for minority groups. The 25 member task force includes representatives of the predominately black colleges, the medical colleges, an epidemiologist for minority health, Office of Economic Planning and Research, Commission on Human Affairs, Legislative Health Planning and Oversight Committee, Columbia Urban League, Lutheran Theological Seminary, Legislative Black Caucus, South Carolina Development Board, South Carolina Conference Branch of the National Association for the Advancement for Colored People (NAACP), Coalition on Better Racial Assurance (COBRA), Department of Social Services, Governor's Office, USC School of Public Health, South Carolina Medical Association, County Rural Health Program, Inc., South Carolina Mental Health and private physicians. A major recommendation of the task force is adequate means of receiving preventive health care, with health behavior choices being the cause of many deaths and disability in South Carolina. Other recommendations include development of coalitions of public and private organizations focused on grass roots efforts for prevention, education, and health care services;and development of policy and law. The agency established the Office of Minority Health in 1990 to work with other sectors in addressing the priority health recommendations of the task force.

B. Organizational Experience Related to Project Assist

This section discusses the experience and capabilities of the Center for Health Promotion relevant to the leadership and management of Project ASSIST including fiscal and administrative management of large complex projects; performance and diverse management support functions; public health and health promotion community intervention; and demonstrated ability to convene and coordinate efforts of diverse groups within the constituency.

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1. Fiscal and Administrative Management:

The organizational location of Project ASSIST with DHEC will be under the Deputy Commissioner for Health Services, in the Center for Health Promotion (CHP). Appendix E gives an organizational chart for the Health Services deputy area and for the Center for Health Promotion. The mission of CHP is to improve health status by promoting positive health behaviors. Its goal is to reduce the prevalence and severity of the risk factors associated with the leading causes of death and disabilities in South Carolina. Attention is on cardiovascular disease and cancer and the cross-cutting risk factors of smoking, dietary fat, and lack of physical activity. The Center for Health Promotion currently has an annual budget of $4.4 million. This includes $1.4 million for a statewide cancer control program and $1.8 million for the statewide health promotion program. Currently federally funded projects include: S.C. Cardiovascular Disease Prevention Project ($506,993), the Rural Health Promotion Project ($188,107), the Behavioral Risk Factor Surveillance Program ($24,098), the Health Promotion Training Project ($116,378), and the Women's Cancer Project ($300,000).

2. Diverse Management Support Functions

Located in the Center for Health Promotion, Project ASSIST will have full access to all management support services of the Center for Health Promotion, as the staff within the Center for Health Promotion function cooperatively and collaboratively as a unit with the common goal of reducing the prevalence and severity of risk factors associated with the leading causes of death. To accomplish this goal, CHP has five functional units:

The Division of Planning and Program Management provides data support services for the Center and for district staff. Mortality data, hospital discharge data, and community surveys are utilized to identify health problems, identify high risk population groups, monitor changes in health status, and evaluate program effectiveness. Planning and evaluation of Project ASSIST will be carried out in coordination with this team.

The Division of Community Services is the major implementation arm of the Center. Health Promotion services are provided at the state, regional and local level. Project ASSIST intervention activities and work with local coalitions throughout the state would be coordinated with this team.

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The Training Institute coordinates efforts to increase professional awareness, knowledge and skills through workshops, inservice education, newsletters, and other methods targeted to agency personnel as well as community health providers. This unit maintains an extensive schedule of training and inservice programs for health promotion at the state and local level. Project ASSIST training will be coordinated with this unit.

The Division of Cancer Prevention and Control plans, coordinates, manages and evaluates statewide prevention and control cancer activities. This division addresses smoking and diet as primary prevention of cancer and breast and cervical cancer screening as secondary prevention. It also manages the State Aid Cancer Clinics, which provide outpatient treatment services to indigent patients with cancer. Staff of this Division are involved in the Tobacco Free S.C. coalition and would be involved in Project ASSIST as well.

The Administrative Support section of CHP manages the budgets, personnel, and other resources needed for the operation and administration of the Center and would provide these same administrative services to Project ASSIST.

3. Public Health and Health Promotion Community Intervention

The Center for Health Promotion as previously described, is responsible for chronic disease prevention and risk reduction programs throughout the state. All fifteen public health districts are addressing the three leading causes of death in South Carolina - coronary heart disease, cancer, and stroke - by conducting community-based programs that focus on one or more of the three major risk factors of smoking, dietary fat and physical inactivity. Local program efforts are coordinated through the Division of Community Services and include activities in five broad categories: public awareness; professional education; risk factor screening and education; skills building and environmental support; and community organization.

Public Awareness and Education activities at the state and local levels focus on: mass media, with risk reduction messages to television, radio, and newspapers; targeted media, with messages for newsletters or other communication channels of churches, employers, and other groups; speakers

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bureau development, with arrangements for presentations of behavioral risk factor awareness programs throughout the community; community-wide campaigns designed to promote positive lifestyle behaviors for the reduction of risk factors associated with a leading cause of death; special events which are designed to stimulate the development of, or the continuation of, a desirable behavior such as walking or smoking cessation. One annual special event is the Legislative Health Check. CHP central office and district staff provide a health risk appraisal, blood pressure and blood cholesterol screening and nutrition and health education counseling based on the risk appraisal and screening tests findings to all legislators and government officials at the State Capitol on a day when the General Assembly is in session. The purpose of this activity is to make state lawmakers and officials aware of health promotion services available to the citizens of South Carolina and to promote their awareness of the need and importance of disease prevention and health promotion.

Professional Education activities include: risk factor updates to physicians and other health professionals; provision of behavioral risk reduction guidelines and handbooks to physicians to assist in patient education and counseling about nutrition, physical activity, smoking, high blood pressure, cholesterol, and health risk appraisals; workshops and seminars for health professionals to provide knowledge on behavioral risk factors and strategies to reduce risks among target populations.

Coalition Building activities focus on: development of organizations of community advocates for health promotion who will extend the reach of health promotion activities into schools, communities, churches, civic groups and political decision making process; and development of coalition memberships which include community leaders, community members, representatives of agencies and organizations, or any combination of these, organized for the purpose of advocating for or implementing community risk factor health promotion activities to improve the health of the community which they represent.

Organizational Development activities include: providing consultation to community organizations in the development of risk factor reduction programs/services; and providing consultation to

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community organizations in the development of positive behavioral supports such as menu labeling, walking trails, smoking sections in restaurants, or grocery store labeling, that will reinforce and enhance the maintenance of positive lifestyle behaviors.

Legislation and Regulation includes: initiation of legislation (laws, ordinances, and other regulations) and/or policy change to support positive lifestyle behaviors. A recent example of the type of effort was seen in the passage of the S.C. Clean Indoor Air Act.

Risk Factor Screening and Education activities include administration of Health Risk Appraisals (HRA), with blood pressure measurement, interpretation of results, and follow-up educational programs. The HRA tool evaluates individual lifestyle/health behaviors, estimates risk of death and/or illness, and estimates potential reduction in risk based on epidemiologic data, mortality statistics, and actuarial tables. The HRA also estimates risks for groups for whom the data are aggregated. The HRA tool increases awareness and provides a rationale for subsequent health education interventions. Blood pressure and blood cholesterol screening and education services are provided for community groups and/or risk factor awareness and reduction events. Individuals served through these programs in FY90 included:

Community presentations	7509
Health Risk Appraisals	5868
Risk Factor Screening/Education	8878
Professional education	941

In addition to these basic program services, the CHP also supports a number of special projects and programs:

The Behavioral Risk Factor Surveillance System is an ongoing statewide telephone survey to collect epidemiologic data on behavioral risk factors including cigarette smoking, seat belt usage, alcohol consumption, obesity, and sedentary lifestyle. South Carolina is one of thirty states participating in this effort funded by the Center for Disease Control and has had a fully operational system since January, 1984. Survey data are used for intra-agency program planning and are provided to

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other groups to increase awareness and stimulate development of targeted intervention efforts.

State-Aid Cancer Clinics were established of legislation signed by the governor in 1939 authorizing the Board of Health to formulate a plan for the care and treatment of indigent persons with cancer. In 1983 a Cancer Advisory Committee was organized to provide direction and advice to the DHEC Board regarding administration of treatment funds, implementation of professional, public, and patient education, and development of long-range plans for statewide cancer control. The Cancer Clinics are operated in nine major hospitals in different geographic areas of the state to assure access to services by indigent state residents who have a diagnosis of cancer. To receive state fund for the operating of a State-Aid Cancer clinic, these hospitals must: have a cancer program approved by the Joint Commission of the Cancer Commission of the American College of Surgeons; have at lease one (1) oncologist on staff; have all accepted modalities of cancer treatment; be in full compliance with all federal, state and local regulations affecting the operation of the hospital and outpatient clinics; agree to accept Medicare, Medicaid, and other third party carriers as primary providers; and agree to accept all patients sponsored by the State-Aid Cancer Clinic. The Division of Cancer Prevention and Control is responsible for contractual service arrangements with the hospitals where State-Aid Clinics are operated, approval of clinic applications from referring physicians, and for assurance that clinic services are provided according to program recommendations. The operation of this program is dependent upon the interest and support of the medical profession, particularly those physicians who give time and talent without pay to treat medically indigent patients served in the clinics. The operation of the State-Aid Clinics is a unique partnership of public and private sectors sharing a common goal of reducing unnecessary morbidity and mortality associated with cancer in South Carolina.

Palmetto State Games, established in 1984, is a multi-sport festival based on the concept of

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competition in a wide variety of sports. The Games concept was developed under the direction of the Governor's Council on Physical Fitness in cooperation with DHEC Center for Health Promotion, the Department of Parks, Recreation and Tourism and other interested groups. Events are conducted twice a year and students, members of the Armed Forces, and any South Carolina resident with no professional status in a sport may participate.

4. Coordination Efforts of Diverse Groups Within the Constituency

Within the Center for Health Promotion, there are additional examples of program-specific coordination and coordination with other groups in the community. Staff who have experience in working with community boards, advisory groups and coalitions will be available to lend their expertise to the development and implementation of Project ASSIST. Some key examples are as follows:

The Tobacco Free S.C. coalition was organized in May, 1990, with membership of over one hundred organizations. The purpose of the coalition is to reduce smoking and tobacco use in South Carolina. This is the coalition that will carry out Project ASSIST activities in South Carolina.

The Cancer Control Advisory Committee, established by and is responsible to the SC DHEC Board. It has a broad multidisciplinary membership that includes interest in smoking, nutrition, cancer screening and cancer treatment. It includes providers and consumers, public and private sector representation, as well as legislative representation. This group developed a Long-Range Plan for Cancer Prevention and Control in South Carolina which calls for establishment of a statewide cancer incidence registry, development of primary prevention programs addressing smoking and diet, provision of screening services for early detection (and treatment) of breast and cervical cancer, and expansion of state-of-the-art treatment services currently offered through the State Aid Cancer Clinics. This long-range plan provides direction for activities of the Division of Cancer Prevention and Control in CHP.

The Statewide Hypertension Task Force of the American Heart Association, S.C. Affiliate, from

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1978 through 1982 served in advisory capacity to the S.C. High Blood Pressure Control Project and was the primary structural mechanism for facilitating statewide coordination. The task force provided the S.C. High Blood Pressure Control Project and DHEC with a structure for extending high blood pressure control efforts into the community, for facilitating the establishment of effective high blood pressure control strategies, and for enhancing statewide communication, cooperation, and coordination. Task force membership included twenty-five groups of professional organizations, voluntary organizations, colleges, universities and education organizations, an governmental agencies. Through the communications structure of the task force, the project emphasized participation and involvement of community groups in establishing and promoting sound policy decisions for high blood pressure control. Health care providers and potential providers were influenced by the communication, information, and education efforts of the Hypertension Task Force.

The Statewide Diabetes Task Force of the American Diabetes Association, S.C. Affiliate, was established in 1978 to serve as the primary advisory group for the Diabetes Control Project. Its role as a communications network throughout the state was crucial to the development of a coordinated approach to the problems of diabetes. The forty-four members of the task force represented not only an interest in diabetes, but also in health planning, epidemiology, resource development, and program administration. Recommendations from the task force were reflected in increased emphasis on public, patient, and professional education. The task force established several committees: the Professional Standard Committee developed a set of guidelines for blood glucose screening programs in South Carolina; the Education Committee served as a consultant group to the South Carolina Health Communications network in developing programs for diabetes patient education; the Resource Committee worked with a Resource Inventory Work group of the Hypertension Task Force to review and advise on the development of an inventory of chronic disease resources. Through its broad membership, the task force represented a central body with involvement in virtually all diabetes-related activities in the state.

Governor's Council on Physical Fitness is charged with the task of being the advisory group to the

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Governor and his staff in the area of physical fitness. The South Carolina Council, created in 1972, consists of twelve members who represent a variety of interests in the area of fitness, physical education and sports. The Council is staffed by the Center for Health Promotion. The Governor's Council on Physical Fitness is designed to encourage the citizens of South Carolina to participate in life-long health related physical activities which will allow them to lead healthier and more productive lives. The Council develops and coordinates a wide variety of programs and services in the area of physical fitness and physical education. This is accomplished in cooperation with other recreational, education, and health organizations both in the public and private sector.

The above mentioned examples are all at the state level with some local community membership. However, there are numerous examples of coordination with constituent groups at the local level. County health department staff are involved in community smoking cessation coalitions, teen pregnancy prevention coalitions, interagency councils, local AIDS task force groups, and infant mortality reduction coalitions. These local coordination efforts have memberships consisting of school employees, church members and pastors, hospital members, local agency representatives, county council representatives, local organization chapter representatives, and community lay and professional members. Topics and issues include AIDS, health education, teenage pregnancy, infant mortality, substance abuse, care of children and the aged, and housing. Two specific local activities that have relevance to ASSIST are PATCH communities and local smoking coalitions:

PATCH: (Planned Approach to Community Health) utilizes a community group to identify health problems, locate resources, and implement programs that focus on the health problems of the community. PATCH projects are underway in several areas of the state. In upstate Chester County, the Health Promotion Team is working with a PATCH group to focus on the risk factors of smoking, dietary fat, and physical inactivity for community health promotion interventions. In Richland County's predominately Black Greenview community and in upstate Pickens County, PATCH groups are focusing on physical inactivity interventions. In coastal Williamsburg County, the PATCH committee received $1,500.00 grant to conduct smoking interventions in the community. PATCH is also being implemented as

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part of the CHP Rural Health Promotion Project in Lee, Allendale and Williamsburg counties. In these communities, a church-based health program, Lay Health Advocates, is being implemented to identify and train natural helpers within a congregation to provide health information to parents and to provide assistance in identifying and using local community health resources.

Local smoking coalitions are active in several areas of the state. In upstate Anderson County, the Coalition for a SmokeFree Anderson County was formed in 1988 by representatives of leading organizations interested in improving health through decreasing the incidence of smoking in the Anderson community. The coalition goals are: to increase awareness of the Coalition for a SmokeFree Anderson County in the business and general communities; to increase awareness of the desirability of smoking cessation in both the smoking and non-smoking population of Anderson County; and to encourage smokers in Anderson County to try to quit.

In June, 1989, the Coalition organized a community-based "Quit Smoking and Win" competition, supplemented by concomitant workplace competitions. The competition was designed with an emphasis on workers in the largest industries in the area. The competition encouraged smokers to quit, targeting at-risk groups of working age by promotion in industries with a predominantly female and/or blue-collar workforce.

Participants were encouraged to quit by any one of the following; Quit on Your Own; Quit on Your Own with the American Cancer Society's "Smart Move" Program; Quit On Your Own with the Help of the Stanford Center for Research in Disease Prevention Quit Smoking Kit; The American Cancer Society's "Fresh Start" Program; or The American Lung Association's "Freedom from Smoking" Program.

Approximately three hundred people entered the competition; thirty-two were successful in quitting for the month of the contest. Those who were successful in not smoking at all during the month turned in verified entries, which were entered in a drawing for grand prizes. All successful quitters and their verifiers were invited to a "Cigarette Stomp" at the Holiday Inn, when the grand prize winners were announced and all were given small prizes as well as the chance to win door prizes.

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In lowcountry counties of Charleston, Dorchester, and Berkeley, the Smokefree Lowcountry Coalition was established in 1989 to: operate exclusively for charitable, literacy, scientific, and educational purposes; create, maintain and support an alliance of citizens concerned with smoking cessation and public education; and offer no cost smoking cessation programs to the public that will create a smoke free lowcountry. The coalition is planning a Quit and Win campaign for early 1991 and is working with industries to develop smoke-free policies.

Lower Savannah and Edisto Public Health Districts have formed a Health Promotion Coalition to address the three risk factors of smoking, dietary fat, and physical inactivity. Coalition activities have included working with restaurant owners about second-hand smoke and actions restaurants can take.

C. Performance History

DHEC has conducted two contracts that were comparable or related to the effort required by this RFP because they used the same basic epidemiologic planning approach described in this application. The first phase of these projects was devoted to data collection (epidemiologic data as well as resource information), organization of a task force of experts and other interested persons, and development of an implementation plan for subsequent years of the project. All contract objectives were met within the cost proposed and all cost schedules were submitted within the specified timeframe. Dr. Fran Wheeler was Co-Investigator of both projects:

High Blood Pressure Control Project (Contract No. HV-72987): The South Carolina High Blood Pressure Control Project (HBPCP) was funded by a contract from the National Heart and Lung Blood Institute. South Carolina was one of seven states selected to determine the magnitude of the problems associated with hypertension and to identify, implement and evaluate interventions designed to increase awareness, treatment, and control of hypertension. The project was operation for the period 1977-1983, with a total funding of $3,505,341. Project activities centered on improving statewide communication, cooperation, and coordination in controlling hypertension; implementing intervention programs for public, patient and professional education; and carefully documenting changes in the status of blood pressure control as reflected in mortality, morbidity and prevalence data. Significant improvements were seen, and a network of interested individuals, agencies, and organizations continue to draw upon the experience of

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this project to build an effective community blood pressure control effort in South Carolina.

Diabetes Demonstration Control Project (Contract No. 200-77-0759): The Diabetes Demonstration Control Project was funded by a contract from the Centers for Disease Control. Project was operational for the period 1977-80; with a total funding of $604,646. Project activities centered on epidemiologic research activities, continuing education for health care professionals, and technical assistance/consultation for development, implementation, and evaluation of diabetes patient education programs.

D. Pertinent Contracts

DHEC has not completed within the last three years or currently in the process of completing any contracts pertinent to this RFP.

E. Pertinent Grants

The Center for Health Promotion currently houses three grants which are relevant to this application because of their similarity in assessment activities and their use of Task Forces or community coalitions. Current projects include the Cardiovascular Disease Prevention Project, the Rural Health Promotion Project, and the Women's Cancer Grant. Frances C. Wheeler, Ph.D., is Principal Investigator of these grants.

The Cardiovascular Disease Prevention Project (No. U50/CCU402234) is a five-year project (September 30, 1986 - September 29, 1991) to develop, implement, and evaluate a community-based approach to cardiovascular disease prevention. It is funded by a cooperative agreement from the Centers for Disease Control. This project consists of three phases: a baseline community survey to establish the prevalence of three major risk factors (high blood pressure, elevated blood cholesterol, and cigarette smoking), a three-year intervention program addressing those risk factors, and a follow-up community survey to evaluate changes in risk factor prevalence. The intervention component of the project is known as the Heart to Heart Program and is located in Florence, South Carolina. Intervention activities include a community coordinating council, cyclical risk factor awareness campaigns, and ongoing programs for public awareness, risk factor screening and education, professional education, and environmental support. Reports and "how-to" guides for successful interventions are being packaged for statewide and national dissemination.

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The Rural Health Promotion Project (No. MCJ-453712) is a three-year project (October 2, 1988 -September 30, 1991) to implement and evaluate a comprehensive approach to promoting child and family health in three rural black communities in Allendale, Lee and Williamsburg Counties. It is funded by a SPRANS (Special Projects of Regional and National Significance) gram from the Department of Health and Human Services, Bureau of Maternal and Child Health. This project uses a combination of four proven interventions to attack child and family health problems: (1) PATCH is the community organization process used to assess health problems, raise awareness, identify resources and implement interventions. (2) Carolina Healthstyle is a worksite health promotion program being conducted in schools to create a health-promoting school environment and healthy teacher role models. (3) Comprehensive school health education curricula ("Growing Healthy" and "Teenage Health Teaching Modules") are being implemented in schools. (4) Lay health advocates and ministerial advisory councils (Big MACs) are being used to mobilize the church community and to reach parents through their church affiliations. Each of the primary target populations was surveyed at baseline with validated health behavior instruments and will be resurveyed to evaluate impact on health behaviors.

The South Carolina Women's Cancer Project (No. U58/CCU405046) is a five year grant (August 15, 1990 - August 14, 1995) to plan and develop a comprehensive breast and cervical cancer control program. It is funded by a cooperative agreement with the Centers for Disease Control. This grant has five primary activities: (1) Establish a statewide Women's Cancer Task Force to provide advice and guidance to the state in planning a comprehensive breast and cervical cancer control program. (2) Identify the existing data that can be used as the foundation of a surveillance system to monitor and evaluate the effectiveness and efficiency of a comprehensive program. (3) Conduct an assessment of existing resources to determine how and when women receive screening, follow-up treatment, information, and other services related to breast and cervical cancer. (4) Develop a comprehensive breast and cervical cancer plan based on Task Force recommendations and assessment findings during the first year. (5) Implement a comprehensive breast and cervical cancer program. Elements of the program will include surveillance, screening services, follow-up and continuity of care, public education, professional education, quality assurance and evaluation.

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Outside of the Center for Health Promotion, the South Carolina Department of Health and Environmental Control administers several grants which are relevant to this application because of the similarity in assessment activities and their use of Task Forces or community coalitions.

Partnership for Healthy Generations (No. MCJ 456001) is a three year project (October 1, 1989 - September 30, 1992) to lower the infant death rate in the state by focusing on access to care, with particular emphasis in the six counties with the highest infant death rate. Methodology includes coordinating systems of perinatal care and involvement of private and public resources including task force study, evaluation and interaction. It is a grant with U.S. Department of Health and Human Services. The principal investigator is Marie C. Meglen, M.S., C.N.M., Director of the Bureau of Maternal and Child Health.

HIV Services Planning Project (No. BRP 040003) is a fifteen month project (October 1, 1989 - December 31, 1990) to develop a comprehensive state plan for health services for HIV-infected persons. This plan will identify and quantify gaps in health services and barriers to access by persons with AIDS and HIV infections. A Steering Committee composed of DHEC, University of South Carolina School of Public Health, State Health and Human Services Finance Commission and Palmetto AIDS Life Support Services will work with a coalition of health care providers, minority groups, representatives of elected officials and HIV/AIDS advocacy groups, to develop the plan. It is a grant with Health Resources and Services Administrations Human Immunodeficiency Virus Services Planning Program. The principal investigator is Robert T. Ball, Jr., M.D., M.P.H., Communicable Disease/AIDS Consultant, Bureau of Preventive Health Services.

AIDS Prevention and Risk Reduction Project (No. U62/CCU402062) is a five year and nine months project (April 15, 1986 - December 31, 1991) to develop and implement surveillance, epidemiological research, health education, and risk reduction activities to address the acquired immunodeficiency syndrome problem. It is a cooperative agreement with Centers for Disease Control. The principal investigator is Dee C. Breeden, M.D., M.P.H., Director of the Bureau of Preventive Health Services.

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IV. OTHER ADMINISTRATIVE DATA

A. Property

B. Financial Capacity

C. Incremental Funding

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IV. OTHER ADMINISTRATIVE DATA

A. Property

DHEC will provide all equipment and facilities necessary for performance of this contract. DHEC is requesting funds to a dedicated telephone line and a modem to be able to send and receive electronic mail. These items are required for the performance of this contract and will be used exclusively for this purpose. DHEC does not propose to use any Government-owned property or contractor titled property acquired from Federal funds in the performance of this contract.

B. Financial Capacity

DHEC understands that this is a cost-reimbursement type contract and that a Invoice/Financing Request must be submitted monthly to the National Institutes of Health. The National Institutes of Health will reimburse DHEC according to the terms of the contract. With an annual budget of approximately $260,711,000, DHEC has the necessary financial capacity, working capital, and other resources to perform the contract without assistance from any outside source until DHEC receives reimbursement from the National Institutes of Health.

C. Incremental Funding

DHEC understands that this is an incrementally funded cost-reimbursement contract in which the total work effort is to be performed over a seven-year period and that the following provisions are applicable:

Sufficient funds are not presently available to cover the total cost of the complete seven year project, but it is the Government's intention to negotiate and award a contract using the incremental funding concept described in the clause entitled "Limitation of Funds." Under that clause, initial funds will be obligated under the contract to cover an initial period of performance. Additional funds are intended to be allotted from time to time, to the contract by contract modification, up to and including the full estimated cost of the contract, to accomplish the entire project.

While it is the government's intention to progressively fund this contract over the entire period of performance up to and including the full estimated cost, the Government will not be obligated to reimburse the contractor for costs incurred in excess of the periodic allotments, nor will the DHEC be obligated to perform in excess of the amount allotted.

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The "Limitation of Funds" clause to be included in the resultant contract shall supersede the "Limitation of Cost" clause found in the General Clauses.

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V. SUBCONTRACTS

No Subcontracts are proposed.

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VI. ANNUAL REPORT OF THE SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL - FISCAL YEAR 1988-1989

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VIII. TRAVEL COSTS/TRAVEL POLICY

1. REGULATIONS FOR REIMBURSEMENT FOR TRAVEL AND SUBSISTENCE EXPENSES

The regulations contained herein are promulgated by the State Budget and Control Board and South Carolina Department of Health and Environmental Control, herein after referred to as DHEC and apply to all employees of DHEC.

Travel and transportation at State expense will be authorized only when officially justified and by those means which meet State Government requirements consistent with good management practices.

A traveler on official business will exercise the same care in incurring expenses and accomplishing an assignment that a prudent person would exercise if traveling on personal business. Excess costs, circuitous routes, delays or luxury accommodations unnecessary or unjustified in the performance of an assignment are not considered acceptable as exercising prudence. Travel by commercial airlines will be accomplished in coach or tourist class, except where exigencies require otherwise. Transportation to and from points of arrival and departure will be accomplished by the most economical method.

It is the duty and responsibility of the respective department heads to insure compliance with these regulations.

DEFINITIONS

a. Vendor Numbers - A Vendor Number will be assigned for Payee Name and Mailing Address entered on the initial submission of a Monthly Travel Expense Report (DHEC 103). Notification of this number is provided to payees in writing when assigned. This vendor number must be entered accurately on all Monthly Travel Expense Reports (DHEC 103) submitted subsequent to the initial report. Vendor numbers entered will determine the payee name and address to which the check is distributed; therefore, emphasis is placed on the necessity of accuracy when entering this number on the Monthly Travel Expense Reports (DHEC 103). It is the responsibility of each traveler to ensure that the vendor number is accurately entered prior to entering signature. All

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changes must be denoted on Monthly Travel Expense Report (DHEC 103) with notation that a change has been made from the previous submission.

b. Permanent Place of Employment: The location of the place of activity where a State Employee is regularly assigned and performs work. The corporate limits of the city or town in which the employee's place of work is located. If an employee is not employed in an incorporated city or town, his permanent place of employment is the place of work.

c. Residence (Actual): The fixed or permanent domicile of a person that can be reasonably justified as a bona fide place of actual residence.

d. Zip Code: It is important that the zip code is included with the mailing address on the Monthly Travel Expense Report (DHEC 103). Failure to include the zip code may result in delay of payment.

e. Reimbursement Allowance

1. Mileage - A rate per mile in lieu of actual expenses of operation of a privately-owned automobile. Certain restrictions and conditions are prescribed in these regulations about the allowable reimbursement amount.

2. Lodging - Employees of the State of South Carolina or any agency thereof including employees and members of the governing bodies while traveling on the business of the State shall, upon presentation of a paid receipt, be allowed reimbursement for actual expenses incurred for lodging.

It shall be the responsibility of the supervisor to monitor the charges for lodging which might be claimed by his employees in order to determine that such charges are reasonable, taking into consideration location, purpose of travel, or other extenuating circumstances.

Due to budgetary restraints, employees are to share rooms when two or more individuals of the same sex are traveling to large urban areas (Atlanta, Washington, etc.) where the motel/hotel rates per night are very expensive.

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3. Meals - The employee shall also be reimbursed for the actual expenses incurred in the obtaining of meals except that such costs shall not exceed $20 per day, except outside of South Carolina in which case the maximum daily reimbursement for meals shall not exceed $32. No employee shall receive reimbursement for meals unless the employee is away from home overnight and is eligible to receive reimbursement for lodging in accordance with DHEC regulations which require the traveler to be more than fifty (50) miles from his residence and/or headquarters; or

Employees who depart their official headquarters or residence prior to 5:15 pm and where lodging will not be required will be allowed to claim reimbursement for their dinner meal if their return to official headquarters and/or residence whichever is closer is after 10:00 pm. No reimbursement shall be made for meals within 10 miles of an employee's official headquarters and/or residence.

Meals may be claimed in conjunction with a non-optional meal included in registration fees.

Employees required by their agency head as a part of their official duties to attend statewide, regional, or district meetings within the area in which the employee is headquartered may receive reimbursement for the cost of meals served at such meetings. At least 75% of those attending the meeting must be employees of other agencies or outside organizations. A DHEC sponsored meeting where meals are to be served requires thirty days prior approval from the Commissioner and must be obtained by signing DHEC 130. Meetings of boards, commissions, and advisory committees are not considered statewide, regional, or district meetings.

If the cost of the meal exceeds the state allowance, receipts must be provided in order to receive reimbursement. In the event an agency makes reimbursement to an employee of another agency, the employee's home agency must provide authorization approving payment of expenses for the employee.

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f. Dependents Accompanying Employee: If a dependent accompanies an employee on an authorized business trip, only those expenses which may be directly attributed to the employee may be reimbursed.

g. Reimbursements - Members of State Boards, Commissions or Committees: Members of state boards, commissions, or committees whose duties are not full-time and who are paid on a per diem basis, shall be allowed reimbursement for actual expenses incurred at the rates provided State Employee's while away from their places of residence on official business of the State. One person accompanying a handicapped member of a state board, committee or commission on official business of the State shall be allowed the same reimbursement.

h. Mileage Reimbursement: When an employee of the State shall use his or her personal automobile in traveling on necessary official business, a charge of 25.5 cents per mile will be allowed. Whenever State-provided motor pool vehicles are reasonably available and an employee of the State shall request to use his personal vehicle, a charge of 24.5 cents per mile will be allocated for the use of such vehicle. Auto travel should be by the most direct route practicable, and substantial deviation from the distances shown by the current State Highway System Map of the South Carolina Highway Department should be explained. When more than one employee is traveling to the same location, the authorized number of automobiles should be limited to not more than one automobile to two people.

The interpretation of the above is that a business trip should be made using the most direct route, mileage should be taken from your Travel Log, DHEC 178 (8/87), or odometer readings. Record mileage from allowable point of departure to point of arrival such as Columbia (DHEC) to Charleston (CHD) - 120 miles. Where there is a substantial deviation from the State Highway System Map (in excess of 10 miles one-way), show the miles in excess of 10 as vicinity miles. Travel within a city, town or general area should be claimed as vicinity miles.

i. Foreign Travel: Any travel outside the United States will require prior approval of the Budget and Control Board regardless of the source of funds financing such travel.

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j. Maximum subsistence for meals shall be determined in accordance with the schedule method of "Determining Maximum Subsistence."

k. Per Diem: That the per diem allowance of all boards, commissions, and committees shall be at the rate of $35 per day. Provided, that no full-time officer or employee of the State shall draw any per diem allowance for service on such boards, commissions, or committees.

Per diem is a daily fee given in lieu of an annual salary.

l. Travel for Handicapped Employees: The Appropriation Act states that transportation for official State business will be accomplished by the most economical mode of travel, due consideration being given to urgency, schedules and like factors.

We feel the above restricts handicapped employees to travel in the most economical mode of travel possible. However, a handicapped employee who is unable to use the most economical mode of travel due to this handicap may avail himself of the next most economical mode of travel available. In determining the next most economical mode of travel, the following items must be considered:

(1) Cost of fare or mileage.
(2) Subsistence expenses incurred due to extra days travel if any.
(3) Lodging expenses incurred due to extra days travel, if any.
(4) Other allowable expenditures incurred due to extra days travel, if any.

The cost figures used in determining the mode of travel must be attached to the disbursement voucher when it is submitted for payment.

The agency director of the employee's home agency must certify the employee is handicapped. He must also certify the employee was physically unable to use the most economical mode of travel.

No expenses are authorized for attendants traveling with handicapped State employees.

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2. Per Diem

a. Per Diem - Boards, Commissions and Committees

"That the per diem allowance of all boards, commissions and committees shall be at the rate of thirty-five dollars ($35.00) per day."

b. Per Diem - State Employees

"That no full-time officer or employee of the State shall draw any per diem allowance for service on such boards, commissions or committees."

3. Subsistence

a. General

Travel and subsistence expenses, whether paid from State appropriated, Federal, local or other funds, shall be allowed in accordance with the following provisions:

Unless otherwise provided in this section, all employees of the State of South Carolina or any agency thereof including employees and members of the governing bodies while traveling on the business of the State shall, upon presentation of a paid receipt, be allowed reimbursement for actual expenses incurred for lodging. The employee shall also be reimbursed for the actual expenses incurred in the obtaining of meals except that such costs shall not exceed $20.00 per day, except outside of South Carolina in which case the maximum daily reimbursement for meals shall not exceed $32.00. It shall be the responsibility of the agency head to monitor the charges for lodging which might be claimed by his employees in order to determine that such charges are reasonable, taking into consideration location, purpose of travel, or other extenuating circumstances.

No expense shall be allowed an employee either at his place or residence or at the official headquarters of the agency by which he is employed. When an employee is assigned to work a particular territory or district, and such territory or district and his official headquarters are in different localities or sections of the State, expenses may be allowed for the necessary travel to his official headquarters.

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No employee shall receive reimbursement for meals unless the employee is away from home overnight and is eligible to receive reimbursement for lodging in accordance with Budget and Control Board regulations which require the traveler to be more than fifty (50) miles from his residence and/or headquarters.

b. Foreign Travel - State Employees

"That employees of the State, when traveling outside the United States, Canada and Puerto Rico upon promotional business for the State of South Carolina shall be entitled to actual expenses for both food and lodging."

Travel advances may be made for 80% of the actual expenses for food and lodging for foreign travel.

c. Boards, Commissioners and Committees

Members of the State Boards, Commissions or Committees whose duties are not full time and who are paid on a per diem basis, shall be allowed reimbursement for actual expenses incurred at the rates provided State employees for meals, lodging and mileage while away from their places of residence on official business of the State. One person accompanying a handicapped member of a State Board, Commission, or Committee on official business of the State shall be allowed the same reimbursement for actual expenses incurred at the rates provided for meals, lodging and mileage in the current Appropriation Act.

d. Dual Employment

Travel expenses incurred by a state employee while working on official State business in a Budget and Control Board approved dual employment status may be paid travel expenses in accordance with travel regulations by the secondary agency if prior written approval is secured from the employee's Home Agency.

e. Volunteers

Volunteers who provide services to State agencies free-of-charge may be reimbursed expenses for mileage incurred when performing their services. Mileage incurred while driving to and from volunteer work is not reimbursable. Reimbursements for meals

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and lodging incurred when making departmental trips at departmental requests are allowed in accordance with regulations established for State employees.

f. Travel Advances

The Appropriations Act provides authority for advance travel payment as follows:

"That a State agency may advance travel and subsistence expense monies to employees of that agency for the financing of ordinary and necessary travel required in the conducting of the business of the agency. The Budget and Control Board is directed to develop and publish rules and regulations pertaining to the advancing of travel expenses and no State agency shall make such advances except under the rules and regulations as published. Provided, all advances for travel and subsistence monies shall be repaid to the agency within thirty (30) days after the end of the trip or by the end of the fiscal year, whichever comes first.

Budget and Control Board Policy regarding travel advances:

(1) No travel advance shall be made to an employee for travel within the State of South Carolina without specific approval of the State Budget and Control Board.

(2) No advance shall be made in instances where 80% of the estimated travel expense does not exceed $250.00.

(3) Request for travel advances must be submitted to the Bureau of Finance not later than fifteen (15) business days prior to the beginning of the trip for which the advance is requested.

The primary purpose for providing cash advances to employees who are traveling on official business of a State agency is to reduce the amount of personal funds required to finance official travel, thereby relieving the financial burden of the traveler.

The Request for Official Travel Cash Advance (DHEC Form 110) must be completed with all information required and approved by the Commissioner.

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Policy regarding requests for Official Travel Cash Advance follows:

(1) No travel advance shall be made to a Non-State employee.

(2) No travel advance shall be made for more than 80% of the estimated amount of lodging and subsistence for meals.

(3) No advancement is authorized for taxi, fares, etc.

The Requests for Official Travel Cash Advance (DHEC 110) and Monthly Travel Expense Report (DHEC 103) itemizing only the amounts used in computation of the cash advance amount requested must be submitted to the Bureau of Finance in duplicate for the Commissioner's approval. Immediately upon return of an employee from a trip for which the Advance was made, Monthly Travel Expense Report (DHEC 103) itemizing all expenses incurred for that trip only and deducting the Travel Cash Advance amount must be submitted to the Bureau of Finance, and refunded to the agency for deposit to the State Treasurer.

g. General Rules

1. Registration Fees: If a registration fee includes a meal, charge the State allowance for the meal to travel and the difference to registration fees. Meals which are optional and are stated separately from the registration fee may not be prepaid by the agency. An employee may be reimbursed for optional meals with the approval of the Department head. In this case, the full amount of the meals will be charged to meals under the travel codes.

2. Meals: Payments to vendors for meals provided at statewide, regional or district meetings should include a description of the purpose of the meeting and the participants, the names and social security numbers of all State employees attending, and a statement that no further claim for subsistence will be made by the participants. Providing meals and refreshments for staff meetings is prohibited.

3. Time of Arrival and Departure: When reimbursements for meals are claimed, the time of arrival and departure, the starting point

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and the destination must be shown. If this information is not on the travel voucher, the voucher will be returned and payment will be delayed.

4. Porterage and Gratuities: Gratuities are not an allowable reimbursement for state employees. When paid as a part of a billing for a banquet, luncheon, etc., gratuities will be allowed.

   Porterage, in general, is not an allowable reimbursement for state employees. It may be reimbursed when an employee flies to a major city out of state where there usually is no option concerning baggage handling. Porterage may also be reimbursed when an employee has heavy, excess equipment needed to conduct official state business.

5. Telephone Calls: Telephone calls made for official business of the State are reimbursable. Personal telephone calls are not generally reimbursable. One brief personal telephone call per day is allowable when an employee is out of town overnight. In order to receive reimbursement or make payment for the telephone calls will require documentation of the cost incurred such as a copy of the telephone bill or an itemized charge on a lodging receipt. A business or one brief personal telephone call may be paid as a part of direct billing for lodging. Please use FMS class code 50506, Miscellaneous Travel Expense, for payment of these expenses. A fixed charge by a hotel for telephone service may be charged as part of lodging.

6. Receipts: When a State employee, member of the board, commission or committee member is in an overnight travel status, individual receipts for hotel or motel accommodations must be attached to the voucher before payment will be authorized. Receipts for parking and all other expenses incurred should also be attached.

   Receipts for meals and taxis are not required.

7. Traveling by Automobile When Air Fare is Most Economical Mode of Travel: The current Appropriations Act states that an employee while traveling on the business of the State is required to use the most economical mode of

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transportation. Therefore, an employee who elects to drive his car for his own convenience when more economical modes of travel are available is entitled to reimbursement for:

(a) Mileage equal to the amount of coach or tourist airplane fare.

(b) Vicinity mileage incurred on official business in lieu of using a taxi.

(c) Storage fees for automobile equal to that which would have been incurred if the automobile had been stored at the airport. Enter in Miscellaneous Section of Monthly Travel Expense Report (DHEC 103).

(d) Subsistence which would begin on the date when airplane connections would have required departure and end on the date when airline connections would have returned the employee to his original departure point. Any period of time which exceeds these guidelines will be at the employee's expense and no reimbursement for subsistence will be paid.

8. Travel Expenses When Accompanied by Dependent: A provision in the travel regulations states "If a dependent accompanies an employee on an authorized business trip, only those expenses which may be directly attributed to the employee may be reimbursed." The reimbursement of lodging expenses to a state employee when accompanied by a dependent on an official business trip would be the amount of the single room rate.

9. In-State Air Travel: The use of private aircraft will be reimbursed at the regular mileage rate for the official Highway Department mileage as indicated on a current State Highway map.

10. Board, Committee and Commission Members: Board, Commission and Committee members, although exempt from individual meal limitations, are considered State employees for the purposes of filing for travel reimbursement.

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BUREAU OF HEALTH LICENSING AND HEALTH FACILITIES CONSTRUCTION

DHEC issues new and renewed licenses for hospitals, nursing homes, home health agencies, ambulatory surgical facilities, community residential care facilities and hearing aid dealers. Licensing staff visits each facility at least once a year and makes follow-up visits when necessary to assess safety and health standards. If the facilities maintain quality standards, licenses are granted or renewed.

Health Licensing and Health Facilities Construction
Field Activities
FY 89

		Number of Licenses Renewed
1.	Hospital and Infirmaries	88
2.	Long Term Care Facilities	230
3.	Home Health Agencies and Hospices	60
4.	Ambulatory Surgical Facilities Acupuncture Clinics, Health Maintenance Organizations, Adult Day Care Centers Alcohol and Chemical Dependency Outpatient Facilities	86
5.	Community Residential Care Facilities	325
6.	Hearing Aid Dealers	184

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DIVISION OF EMERGENCY MEDICAL SERVICES

The Division of Emergency Medical Services regulates and licenses ambulance services, inspects ambulance vehicles, trains and certifies emergency medical services personnel, and coordinates emergency medical services systems.

Emergency Medical Services
Field Activities
FY 89

Basic EMT's Certified	1,216
Intermediate EMT's Certified	300
Advanced EMT's Certified	366
Initial and Refresher Basic EMT Courses	181
EMS Providers Inspected	204
Ambulances Inspected	550

BUREAU OF CERTIFICATION

This bureau is to survey and recommend certification of health care facilities electing to participate in the Medicare and Medicaid programs, when in compliance with the Conditions of Participation, plus any new facilities requesting certification during the year. They also survey annually health facilities participating in the Medicaid Program to determine compliance with the Inspection of Care Regulations, plus any new facilities entering the program during the year.

Certification Program Activities
FY 89

1.	Number of Certification surveys made	549
2.	Number of Surveys performed in new facilities	67
3.	Number of Inspection of Care Surveys made	252
4.	Number of New Inspection of Care Surveys made	4

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BRIEF HISTORY AND STATUTORY AUTHORITY

The Department of Health and Environmental Control was created in 1973 by the General Assembly through the Reorganization Plan Number Ten which merged the State Board of Health (created in 1878) and the Pollution Control Authority.

The Department is under the supervision of the Board of Health and Environmental Control, which has seven members, one from each Congressional district and one at large, who are appointed by the Governor upon the advice and consent of the Senate. The Board is empowered to make, adopt, promulgate and enforce reasonable rules and regulations for the promotion of the public health and the abatement, control and prevention of pollution.

The position of Commissioner, the executive head of the Department, was established by the 1973 act. The organizational structure of the agency, as reflected on the adjoining chart, includes four major deputy areas, 15 health districts comprised of the forty-six county health departments, and 12 environmental quality control districts.

The Department is the sole advisor to the State in matters pertaining to the public health and has the authority to abate, control and prevent pollution. Statutory authority is primarily provided in Titles 44 and 48 of the S. C. Code, 1976.

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SOUTH CAROLINA BOARD OF THE DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

1988-89

Members	City of Residence	Term Expiration and District
William E. Applegate	Charleston	June 30, 1991 1st
John Hay Burriss	Chapin	June 30, 1993 2nd
Henry S. Jordan, M.D. Vice Chairman	Anderson	June 30, 1991 3rd
Oren L. Brady, Jr.	Campobello	June 30, 1989 4th
John B. Pate, M.D. Secretary	Bishopville	June 30, 1993 5th
Toney Graham, Jr., M.D. Chairman	Lake City	June 30, 1991 6th
E.M. Colvin, M.D. Secretary	Spartanburg	June 30, 1989 Member-at-large

Harry Hallman, of Charleston, represented the first district from July 1, 1988 until his resignation on November 16, 1988.

Moses Clarkson, of Columbia, represented the second district from July 1, 1988 until his resignation on December 15, 1988.

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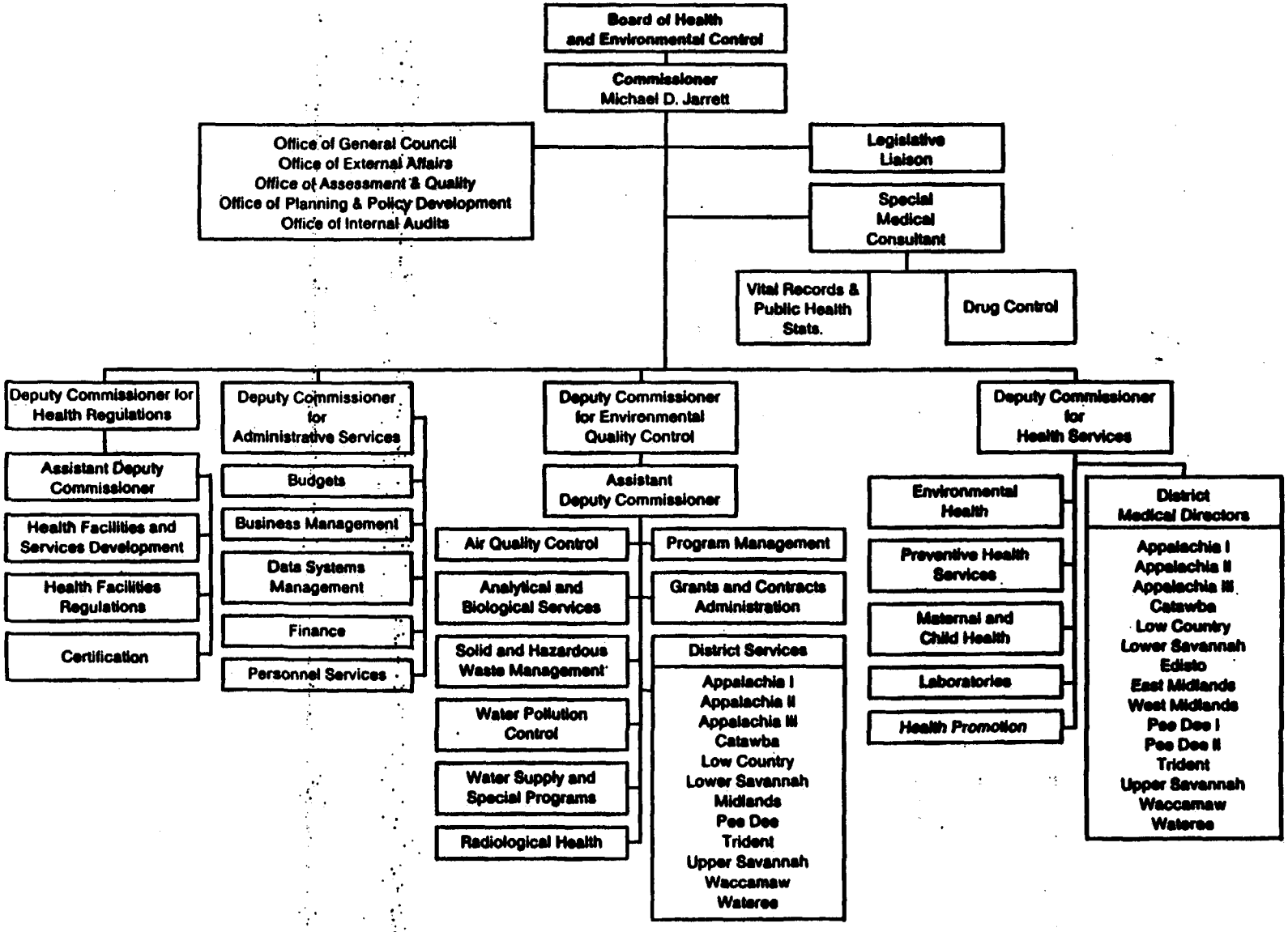
South Carolina Department of Health and Environmental Control

Prepared February, 1989



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Source: https://www.industrydocuments.ucsf.edu/docs/knjl0000

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Mission Statement

The mission of the South Carolina Department of Health and Environmental Control is to protect the public's health and environment. As the principal advisor to the state on public health, the Department has the responsibility and the authority to prevent, abate, and control pollution and health problems.

In support of this mission, the Department serves the state's citizens by:

- Protecting and promoting health and environmental quality through prevention, education, advocacy, regulation and services.
- Assuring the provision of health care services to the public by promoting the participation of private sector providers and by delivering services directly;
- Developing state policies for health and environmental protection;
- Monitoring the public health and environmental status of the state;
- Expanding knowledge through epidemiology and applied research on health and environmental issues.

The Department's programs and services are targeted to the general public, the regulated community, and specific groups according to health needs, age, and economic status. The Department provides health and environmental services through its state, district, and county offices.

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SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Management Philosophy

The South Carolina Department of Health and Environmental Control is committed to effective, efficient and accountable management. The Department's staff is composed of health, environmental science and administrative professionals. We acknowledge the complementary and interdependent roles of central office and field staff in managing the Department's programs. This philosophy is consistent with the belief that staff members are committed to high quality service and competent work coupled with a sincere interest in protecting the public's health and environment.

Management of the Department is implemented through the participative management team approach. Participative management improves management decisions and thus Department actions. These improvements are the result of:

- Open sharing of and competition among ideas and constructive resolution of conflicts;
- Communication of the reasons behind policies, procedural decisions, and requests for information;
- Independent thinking by employees who are encouraged to question and offer alternative solutions to rules or practices that do not appear to be workable;
- Greater understanding by managers and staff of other areas in the Department;
- Greater understanding by managers and staff of Department issues and priorities;

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- Greater commitment by managers and staff to decisions in which they participated.

Participative management is interactive and involves teamwork at all levels of the Department. This management approach is based on the expectation that managers and staff at all levels will participate in this process. It is also assumed that managers are committed first to the Department and then to their individual programs.

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